



TEACHERS MENTORING TEACHERS WORKSHOP REGISTRATION

June 20, 2017

Name _____

District where I teach _____

Site in the district _____

Address _____

Home Phone _____ Cell Phone _____

Email _____ (Put the email you check most frequently)

Tell us at least one thing you hope to gain from this workshop: _____

How many years have you taught? _____ How many in the current district? _____

Do you teach Elementary Secondary or Student /recent graduate?

Elementary-grade level? _____ Secondary-subject area? _____

We will be providing meals. Do you have any food allergies? _____

Please fax form to POE at 405.872.8897 or email to Events@APOE.org.