



SCHOOL IMPROVEMENT GROUP, LLC
 In Cooperation with The Lucas
 County Educational Services Center

Fax Transmittal Form

To
Name: Steven C. Pereus
Organization Name/Dept: School Improvement Group
Phone number: (419) 392-1775
Fax number: (419) 578-9408
Website: www.schoolimprove.com

From
Name:
Phone:
Fax:

- Urgent**
- For Review**
- Please Comment**
- Please Reply**

Date sent:
Time sent:
Number of pages including cover page:

Message: Please fill in and send or fax this Registration FAX Form with check to: School Improvement Group, 2808 Barrington Dr., Toledo, Ohio 43606.

REGISTRATION FORM

	Register me for:	No.	Fees
Print Name _____	<input type="checkbox"/> \$100 Registration fee for		
Title _____	Session Date: _____	_____	\$ _____
School District _____	<input type="checkbox"/> \$150 if registering less than		
Address _____	one week or on seminar date		
City/State/Zip _____	for Session Date: _____	_____	\$ _____
Phone _____		TOTALS	_____ \$ _____

Please print all names (with Title) of whom are attending seminar with Registrant:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Seminar includes: a course notebook, notes, tools, checklists, and other relevant articles. **Lunch is provided.**

All participants must pay with check on or before the session date.



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**Best Practices,
 Best Results**