

**REGISTRATION FORM**

**SCHOOL CULTURE ASSESSMENT/PROFILE FACILITATOR  
TRAINING**

**Dates: Thursday, October 16<sup>th</sup> – Friday, October 17<sup>th</sup> and  
Thursday, November 13<sup>th</sup> – Friday, November 14<sup>th</sup>**

**Location: Western Kentucky University  
Bowling Green, Kentucky**

**Prefix/Title:**       Ms.       Mr.       Dr.

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**District:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State/Zip:** \_\_\_\_\_/\_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Conference Fee: \$400 per person (please inquire about team rates)**

**Payment Options:**  **Purchase Order #** \_\_\_\_\_

For Purchase Order Registrations, FAX form to (270) 846 0679

**Check** (Note: I have printed this form and mailed it with  
my check for \$\_\_\_\_\_ to CISC, P.O. Box 51632, Bowling Green, KY  
42104)

QUESTIONS: Please call CISC (270) 796 3905 or e-mail  
[Chris@schoolculture.net](mailto:Chris@schoolculture.net)