

Registration Form
Special Education Finance and Budgeting
May 10 and 11, 2004

PLEASE PRINT CLEARLY

School District/Co-op: _____

Name: _____

Phone Number: _____

Email Address: _____

Position: _____

CO-OP ATTENDANCE SITE:

Great Rivers

South Central

Dawson

Wilbur D. Mills

Northwest

PLEASE SELECT ONLY ONE

May 10, 2004 8:30 a.m. to 12:00 p.m.

May 10, 2004 12:30 p.m. to 4:00 p.m.

May 11, 2004 8:30 a.m. to 12:00 p.m.

May 11, 2004 12:30 p.m. to 4:00 p.m.

Mail to: Ms. Crenisha Wright
Grants and Data Management
1401 W. Capitol, Suite 450
Little Rock, AR 72201-2936

No faxes or emails will be accepted.