

REGISTRATION FORM

Oneida-Herkimer-Madison BOCES
Program and Professional Development Division
4747 Middle Settlement Road, New Hartford, NY 13413

Last Name: _____ First Name: _____

District: _____

Building: _____

Grade/Area Taught: _____

School Phone: _____

Home Address (street, CSZ) _____

Home Phone: _____

Workshop Title: _____

Workshop Date: _____

Payment Information:

- _____ **No cost**
- _____ **Personal check**
- _____ **Adjustment to OHM BOCES service contract**
(requires approval of building administration) _____
- _____ **Cross-BOCES contract adjustment**
(requires approval of building administration) _____

**Print this form, complete all information and
FAX to 736-4427**