

COURSE REGISTRATION FORM

\$50.00 per credit fee for Active HCPSS Employees
\$80.00 per credit fee for Employees on Leave, Inactive Substitutes and Non-Employees

Name _____ Position _____

School/Office _____ School/Office Phone _____

Address _____ City _____ State _____

Home phone _____ Email Address: _____

CPD Course Title _____ Start Date _____

CPD Course Title _____ State Date _____

Registration for CPD courses must include payment.

Make checks payable to
The Howard County Public Schools

*Return registration form to: Pat Thomey
The Howard County Public School System
10598 Marble Faun Court, Columbia, MD 21044*

Please notify Pat Thomey at 410-313-6876 if you must cancel a course. A refund will be issued prior to the second-class or second-week for an on-line course.

Payroll Deduction now available (Payroll Deduction form must be filled out)

REGISTER EARLY

WORKSHOP REGISTRATION FORM

Return registration forms to:
Designated Person/Office listed in Workshop Description

Name _____ Position _____

School/Office _____ School /Office Phone _____

Address _____ City _____ State _____

Home phone _____ Email Address: _____

Workshop Title _____ Session _____ Start Date _____

Workshop Title _____ Session _____ Start Date _____

Workshop Title _____ Session _____ Start Date _____

Workshop Title _____ Session _____ Start Date _____

Workshop Title _____ Session _____ Start Date _____

Assume you are registered and that the workshop will be held unless you hear to the contrary