

WISD LEARNINGSTREAM Sign Up Registration Form

The following information is needed in order for us to post an event out on our LEARNING STREAM Sign Up site. Please fill out this form completely and return to Event Services.

Event Title:	
Event Location/Online:	
Maximum Participants:	
Event Start/End Date:	
Event End Date/Time:	
Event Teaser: (Quick Overview of the Course/Training)	
Cost Per Participant*: Account Number: <small>*If there is a cost associated with the event, please provide the revenue account number. If you do not know the number or need to have one created, please contact the WISD Business Office</small>	Washtenaw County Organization \$ _____ Outside of Washtenaw County \$ _____ No Charging _____
Do you want to offer a Discount Code?	___ Yes ___ No Discount % _____ What would you like your Discount Code to be? _____
Are Sign in Sheets needed?	___ Yes ___ No
Will Food/Beverage Be Provided?	_____ Yes/Vendor's name ___ No
Are other Materials Needed?	
Organizer's Name:	
Organizer's Telephone Number:	
Organizer's Email:	
SCECH application:	___ Yes ___ No

IMPORTANT NOTICE:

-Event Services **will not be able to** post your event until you have emailed the Course Description to Cheryl Taylor (ctaylor@washtenawisd.org) 734.994.8100 X1315

-SCECH applications and program agendas should be submitted to Cheryl Taylor **35 days** prior to event.