Reservation Form

Demystifying The FCAT* Workshop
Stetson University Center
800 Celebration Avenue - Suite 104
Celebration, FL 34747

School Information

Today's Date:_____ **School Name:**_____

_____ _____ _____
Principal's Name (First, Last) Principal's School Email Address Phone & Extension

_____ _____ _____
Bookkeeper's Name (First, Last) Bookkeeper's School Email Address Phone & Extension

Workshop Information

Workshop Track: Approx. # of teachers for Reading Track: ____ Approx. # of teachers for Math Track: ____
Number of teachers: 30 teachers (Add $15 for materials for each additional participant from your school)

Workshop Date Preferences: _____ _____ _____
First choice **Second Choice** **Third Choice**

Workshop Length/ Tuition:

☐ Half Day (8 a.m. to 12 noon) - $2,500 (includes materials) - Math ***or*** Reading
☐ Full Day (8 a.m. to 3 p.m.) - $3,000 (includes materials) – Math ***and*** Reading
☐ Add $150 for workshop locations more than 50 driving miles from Celebration
☐ Add $350 for workshop locations more than 100 driving miles from Celebration
☐ Add $15 per participant if more than 30 participants

On-site location (Full Address):_____

Additional requirements and coordination:
School will provide space required to hold this workshop at the location requested above for number of teachers attending*. School will provide audiovisual support including a data projector, screen, computer with CD ROM capability, and podium with microphone (wireless microphone is preferred). Workshop materials and training will be provided by Stetson for number of registered teachers or staff. If a Stetson University FCAT Workshop certificate is desired for each participant, school must prepare a participant list and send it by email no later than ten days prior to workshop to Rosemary Cangelosi at the following address: rcangelo@stetson.edu.
* Stetson reserves the right to allow an additional ten (10) teachers from outside of your school to participate at your location.

I have read and approved this Workshop reservation as indicated by my signature below.

SIGNATURE OF PRINCIPAL:_____

Here's how to submit this reservation form for the Demystifying the FCAT Workshop:

Use any of the following options below:

1. Fax: (321) 939-7639 (Fax in reservation)
2. Email scanned reservation form to: wizard@stetson.edu
3. Mail reservation form to: Stetson University Center (ATTN: FCAT Teacher Workshop)
   800 Celebration Avenue - Suite 104
   Celebration, FL 34747

Method of Payment:

☐ Purchase Order (P.O.#_____) *Note: School invoiced day of workshop.*
☐ Check or Money Order (Make payable to Stetson University and send to Stetson University Center address as shown above)
☐ Credit Card: **Indicate type:** ☐ VISA ☐ MasterCard ☐ Discover ☐ American Express
Name on Card:_____ Expiration Date: _____

Card Number: _____ _____ _____ _____ Security Code: _____
(Security code may be phoned in)

Signature for credit card: _____ (Credit card payments processed 14 days prior to workshop date)

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