



**EDCO Collaborative**  
*Professional Development Programs*  
**Registration Form for IDEAS Courses and Seminars**  
Phone (339) 222-5633 / Fax (781) 290-4923  
*dmullaley@edcollab.org*

**Course/Seminar Title:**  
**Date(s) of course/seminar:**

**Participant Name:**

**District:**

**School:**

**Grade/Role:**

**School Phone:**

**Home Address:**

**Phone:**

**School email:**

**Alternate email:**

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***Method of Payment***  
***Please choose one of the following options:***

*Checks/POs are payable to: EDCO Collaborative, 36 Middlesex Turnpike, Bedford, MA 01730*

- Bill to the attention of:**
- Personal Check** (*if participant is paying for himself/herself*)
- P.O. #** \_\_\_\_\_