

Hands-on Technical Assistance

APPLICATION FORM

Contact Person _____ Occupation _____

School District/Agency _____

Mailing Address _____

City/State/Zip _____

Work Phone _____ Home/Cell Phone _____

E-mail Address _____

NUMBER and POSITIONS of participants who will be attending the training:

TOPIC (technology product(s), software features, specific questions or issues, etc., to be addressed in the session:

DESCRIPTION of participants' experience with the product(s):

LOCATION of technical assistance:

Federal Way Spokane Ellensburg Other:

TIME SLOT: Please select a first and second choice

First choice:

9-11 a.m. 11:30a.m.-1:30-p.m. 2-4 p.m.

Second choice:

9-11 a.m. 11:30a.m.-1:30-p.m. 2-4 p.m.

PLEASE FAX this form to 509-963-3355. A SETC staff member will contact you to discuss details of the technical assistance session and make the appointment. Your district may pay by credit card or purchase order payable to CWU. Please call Sue at 509-963-3358 to discuss method of payment after the appointment has been made.