

## **LEAD TEACHER SERIES REGISTRATION FORM**

**Please complete your registration form as soon as possible and send it to**

**Director, HEPPR**

360 Amity Road, Woodbridge, CT 06525

or fax it to 203 387-1818

or copy / paste it into an email and send it to [lkempton@jewishnewhaven.org](mailto:lkempton@jewishnewhaven.org)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Fax Number \_\_\_\_\_

School \_\_\_\_\_

School Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

School Phone \_\_\_\_\_ School Number \_\_\_\_\_

Grade(s) Taught \_\_\_\_\_ Subject(s) \_\_\_\_\_

I do/do not need CEUs for my attendance.