



State/CAEP Training Registration Form

August 7th, 2018

Valley City State University – Skoal Room

8:00 am – 5:00 pm

\$40 Registration Fee (includes materials and lunch)

Participant Information

Name: _____

Institution: _____ Position: _____

Email: _____ Phone: _____

Emergency Contact Information

Name: _____ Phone: _____

Box Lunch Selection (please choose one)

- Ham Sub Sandwich
- Turkey Sub Sandwich
- Vegetarian Sub Sandwich

Payment Information

Total Enclosed: \$ _____

- Check (payable to ND ESPB)
- Mastercard / VISA (please circle)

Card #: _____ - _____ - _____ - _____ Exp. Date: _____ - _____

Name on card: _____ Billing address: _____

- Send me an Invoice Email Invoice to: _____

Please complete and return this form by June 30th, 2018 to:

ND Education Standards and Practices Board
2718 Gateway Ave. Suite 204
Bismarck, ND 58503
or send back via email to Lacey at lhinsz@nd.gov