



IDEAS Registration Form

Participant Information:

First Name	_____
Last Name	_____
District	_____
Cell Phone	_____ Other Phone _____
Work Email	_____
Personal Email	_____
Grade	_____
Level/Role	_____

Payment Information: Payment or P.O. is due before the course begins. Registration forms can be emailed to dmullaley@massupt.org to hold your spot but registration is not complete until payment or P.O. is received. Checks are payable to M.A.S.S. and can be mailed to the address below. We are unable to accept credit card payments at this time. Cancellations must be received (2) weeks in advance of the start of the course to be eligible for a refund.

Personal Payment	Check # _____
Purchase Order	
(Type Prepaid Seat if using seats included with membership)	P.O. # _____

Course Information:

Course Name &
Dates

Massachusetts Association of School Superintendents

209 Burlington Road, Ste 113, Bedford, MA 01730

