

Participant Application UGA Technology Training Center

Name: _____ SS#: _____

School/Office Name: _____

School District: _____ Principal/Supervisor: _____

School/Office Address: _____

City/State/Zip: _____

School/Office Phone: _____ School/Office Fax: _____

County: _____ School/Office Email: _____

Home Address: _____

City/State/Zip: _____

Home Phone: _____ Home Email: _____

Grade Level/Work Assignment: _____

Please respond:

1. Briefly describe how you are now using technology/computers in your current position?

2. Which software applications do you use most frequently?

Course #	Date(s)	Course Name	Fee
Total:			

Please note: It is your responsibility to check the website to verify whether the class you are registered for is still planning to meet or not. All class cancellations will be noted on our website in the confirmation column of each class schedule several days prior to a class's meeting date.

Please sign and return the application and a check prior to the first day of class to:

John Wiggins, Ph. D. Director of Technology Training Center UGA Technology Training Center 850 College Station Road Athens, Georgia 30602 Fax: (706) 542-0242	OR	UGA Technology Training Center 1000 University Center Lane Lawrenceville, Georgia 30043 Fax: (678) 407-5270
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Signature: _____

Date: _____