

2018 REGISTRATION FORM



Staff Please Complete Here:

Name:	Title:
Phone:	Email:

School Name: _____ School District _____

Mailing Address: _____

City: _____ Zip: _____

Phone: _____ Email _____

Students may select their choices for three workshops. We will attempt to honor those preferences.

PLEASE PRINT CLEARLY

	STUDENT'S NAME	GRADE	1 st CHOICE	2 nd CHOICE	3 rd CHOICE
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

**Please fax this form *no later than December 12, 2017* to:
Attention: Tracey Maccia, Director of Special Education
FAX: 732-390-4252**

TIME

PLACE

8:30-9:30

Registration, Breakfast and Vendors

Cafeteria

9:30-10:00-Keynote: Everyone

Auditorium

10:00-10:15 Raffle

Auditorium

10:15-10:45 Session 1

Workshop Room #

1. Leadership: Living,Leading&Loving	138
2. Like A Boss	140
3. The Heart of a Pearl Diver	141
4. Emotional First Aid	144
5. Interacting with the Law and Knowing Your Rights	145
6. I Only Do It on the Weekends	149
7. Claiming Narrative	150
8. Fitness Exercise with XBox	165
9. Overcoming Obstacles	166
10. Man Up: It's All in your Head	167

VENDORS WILL BE LOCATED IN CAFETERIA THROUGHOUT THE DAY

11:00-11:30-Session 2

Workshop Room #

1. Leadership: Living,Leading&Loving	138
2. Like A Boss	140
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6. I Only Do It on the Weekends	149
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10. Man Up: It's All in your Head	167

11:30-12:00 LUNCH/RAFFLE

Cafeteria

12:00-1:15 SHOULD COULD DREAM TOUR

Auditorium

1:15-2:00 WRAP UP

Auditorium