

Wisconsin Head Start Association 2010 FALL QUARTERLY October 20 and 21

PROGRAM:							
CONTACT PERSON: CONTACT PHONE/EMAIL:							
PARTICIPANTS:	Director Affiliate	Parent Affiliate	Staff Affiliate		<u>Ianagers</u> : Education, sabilities, and Mental Health	Please provide <u>TITLE and EMAIL ADDRESS</u> for each <u>MANAGER (not needed for Affiliate</u> participants):	
Example: Debbie Doe	X						
<i>Example:</i> Jane Smith					Х	Education/Disabilities Coordinator jsmith@localheadstartprogram.org	
Please send completed registration form to:	Registration fee is \$60 per person. Registration is due by MONDAY, OCTOBER 11, 2010.						
Wisconsin Head Start Association 122 E. Olin Avenue, Suite 110 Madison, WI 53713 © 608-442-6879 Fax: 608-442-7672 kovarik@whsaonline.org	Who? Director(s) Parent(s)	How Many? Total \$ # # #			Please forward completed registrations to WHSA at your earliest		
	Staff Affiliate Manager(s) TOTAL AMO	# # UNT DUE:				OT necessary to hold until payment may be blanning relies upon accurate numbers. Thanks!	
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