ACT Workshop 2007 - 2008 ARSI/PIMSER FAX RESPONSE FORM

Please indicate which network session your		Please list each of the team members and their role in the	
<u>will a</u>		district/school:	
	Lexington: Sept. 12	Name	Role
	Morehead: Sept. 25	1,000	21000
	Somerset: Oct. 17		
	Elizabethtown: Oct. 23		
	Madisonville: Nov. 7		
	Bowling Green: Nov. 20		
	Florence: Dec. 4		
	Hazard: Dec. 6		
NAME (please print):			
DISTRICT:			
EMAIL ADDRESS:			
MAII	LING ADDRESS:		
City,	State	Zip	
Signa	ture:	Date	

NOTE: Please fax this completed form to Kim Zeidler at (859) 257-5640