



Online Professional Development

Registration Form



\$100.00

Course Registration Fee

Learner Contact Information

Name: _____

Title: _____

Grade/Content: _____

School: _____

School Phone: _____

Preferred email: _____

Home Address: _____

Home City: _____

Home State: _____

Home Zip: _____

Home Phone: _____

Secondary email: _____

Have you take an online course before? Yes No

Are you interested in a Free One-Year NHPTV Educator Membership? Yes No

Would you like to be added to the NHPTV Knowledge Network Mailing List to get information on programs/services and get invited to free workshops? Yes No

Course and Session Information

Course #1
Name: _____

Orientation Chester Derry
Meeting: Langdon Rochester Will not attend

Session Fall Winter Spring Summer

Course #2
Name: _____

Orientation Chester Derry
Meeting: Langdon Rochester Will not attend

Session: Fall Winter Spring Summer

Attach a separate sheet for additional courses.

Have you taken an NH e-Learning for Educators / OPEN NH course before? Yes No

How Did You Radio TV Email
Hear about Friend Catalogue Web Site
OPEN NH? LESCEN PD Center Meeting

Payment Information

Check #: _____ PO #: _____

(Make Checks or POs Payable to: NHPTV Knowledge Network)

Credit Card: Visa Master Card American Express

Credit Card #: _____ Expiation Date: _____

Mail payment and registration to:

New Hampshire Public Television Knowledge Network
268 Mast Road, Durham, NH 03824