WISCONSIN HEAD START ASSOCIATION
Spring Quarterly 2010
April 14 and 15

PROGRAM:

CONTACT PERSON:

PARTICIPANTS:	**Director Affiliate**	**Parent Affiliate**	**Staff Affiliate**	**Managers: Family & Community Partnerships**	**Please provide TITLE and EMAIL ADDRESS for each MANAGER (not needed for Affiliate participants):**
Example: Debbie Doe	X				
Example: Jane Smith				X	Family & Comm. Partnerships Manager jsmith@localheadstartprogram.org

Please send completed registration form to:

Wisconsin Head Start Association
122 E. Olin Avenue, Suite 110
Madison, WI 53713

✆ 608-442-6879
Fax: 608-442-7672
kovarik@whsaonline.org

Registration fee is $60 per person. Registration is due by MONDAY, APRIL 6, 2010.

Who?	**How Many?**	**Total $**
Director(s)	#	
Parent(s)	#	
Staff/Mang.	#	
	TOTAL AMOUNT DUE:	

Please forward completed registrations to WHSA at your earliest convenience. It is NOT necessary to hold until payment may be attached. Important planning relies upon accurate numbers. Thanks for your help!