

Name: _____

Title: _____

School/Organization: _____

Email Address: _____

Phone Number: _____

Date/Location of training you are registering to attend: _____

Rate your experience with Thinkfinity: Beginner Have Used Use Regularly

Are you willing to train your fellow educators within your district? YES NO

Would you be willing to train your fellow educators outside your district? YES NO

If you have any questions, please feel free to contact:

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