

# SASSP Aspiring Assistant Principals/Athletic Directors Workshop Registration Form

Registrant's Name \_\_\_\_\_

School District \_\_\_\_\_

School Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Email** \_\_\_\_\_

**(Confirmation will be sent via email)**

## METHOD OF PAYMENT:

Make checks payable and remit to: MoASSP

Mail to: 2409 West Ash ST,  
Columbia, MO 65203-0045

**Fax: 573-445-6416**

Check No. \_\_\_\_\_

Purchase Order No. \_\_\_\_\_

**REGISTRATION FEE: \$75.00 per person**

**1/31/18**

**SASSP**

**(9:00 AM – 2:45 PM)**

**Site: Ed Plus**

**4433 Woodson Rd. #210, St. Louis, MO 63134**

**For more information call: 573-445-5071**