



IDEAS Registration Form

Participant Information:

First Name _____

Last Name _____

District _____

Cell Phone _____ Other Phone _____

Work Email _____

Personal Email _____

Grade _____

Level/Role _____

Payment Information: Payment or P.O. is due before the course begins. Registration forms can be emailed to dmullaley@massupt.org to hold your spot but registration is not complete until payment or P.O. is received. Checks are payable to M.A.S.S. and can be mailed to the address below. We are unable to accept credit card payments at this time. Cancellations must be received (2) weeks in advance of the start of the course to be eligible for a refund.

Personal Payment _____ Check # _____

Purchase Order _____

(Type Prepaid Seat if using seats included with membership) P.O. # _____

Course Information:

Course Name &
Dates

Massachusetts Association of School Superintendents

209 Burlington Road, Ste 113, Bedford, MA 01730

