



Galileo Technology Online Professional Development Registration Form

Online Professional Development is available by completing the Online Professional Development Registration Form. Once payment terms are satisfied, participants will receive course confirmation, information about course structure, forms for college credit, if applicable, and passwords for access to online professional development.

On-site professional development can be scheduled by calling your ATI Field Services Coordinator. Call 1.877.358.7615 to select training dates and review technical requirements for computer labs.

This Online Professional Development Registration Form may be copied.

Program Information

Program: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Program Contact's Name: _____

Title: _____

Work Telephone: (_____) _____ Email: _____

Program is purchasing:

Site Access allows all individuals within a site, including additional staff hired during the year, to participate in online professional development. The Site Access fee is based on the total number of classes within the recognized agency, program, or center.

Individual Registration allows one or more individuals to register for online professional development.

Purchase Request

Session	Number Purchased	Amount	Total
Individual Fundamentals Tutorials		\$139	
Site Access (number purchased is the annual renewable Galileo class subscriptions quantity)		\$60	
GRAND TOTAL:			

Please specify method of payment:

Purchase Order Number: _____

Check enclosed made payable to **Assessment Technology Incorporated**

Cancellation Policy: All course registrations are final. Fees are non-refundable.

Return both pages of completed form to:

By Mail:

By Fax:

Assessment Technology Incorporated

6700 E. Speedway Boulevard

Tucson, Arizona 85710

520.323.9139

Registration Form

Individual Fundamentals Tutorials: Galileo Online (GOL101), Merlin (M101), or Galileo Curriculum (C101)

Sessions begin on the first of the month. Registration must be received by the 15th of the month proceeding the start date.

#	Participant Name	Title	Email Address	Course	Month/Year
1				<input type="checkbox"/> GOL101 <input type="checkbox"/> C101 <input type="checkbox"/> M101	___/___ ___/___ ___/___
2				<input type="checkbox"/> GOL101 <input type="checkbox"/> C101 <input type="checkbox"/> M101	___/___ ___/___ ___/___
3				<input type="checkbox"/> GOL101 <input type="checkbox"/> C101 <input type="checkbox"/> M101	___/___ ___/___ ___/___
4				<input type="checkbox"/> GOL101 <input type="checkbox"/> C101 <input type="checkbox"/> M101	___/___ ___/___ ___/___
5				<input type="checkbox"/> GOL101 <input type="checkbox"/> C101 <input type="checkbox"/> M101	___/___ ___/___ ___/___
6				<input type="checkbox"/> GOL101 <input type="checkbox"/> C101 <input type="checkbox"/> M101	___/___ ___/___ ___/___
7				<input type="checkbox"/> GOL101 <input type="checkbox"/> C101 <input type="checkbox"/> M101	___/___ ___/___ ___/___
8				<input type="checkbox"/> GOL101 <input type="checkbox"/> C101 <input type="checkbox"/> M101	___/___ ___/___ ___/___
9				<input type="checkbox"/> GOL101 <input type="checkbox"/> C101 <input type="checkbox"/> M101	___/___ ___/___ ___/___
10				<input type="checkbox"/> GOL101 <input type="checkbox"/> C101 <input type="checkbox"/> M101	___/___ ___/___ ___/___

(To register additional participants, please make copies of this registration form.)

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 Tucson, Arizona 85710
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