

# CLOCK HOUR REQUEST FORM

#### 2018 ASCD Annual Conference and Exhibit Show March 24-26, 2018 Boston, Massachusetts

Your Name:							
Position:							
District/University:							
Address:							
City, State, Zip:							
Phone:							
E-mail:							
Directions:  1. Complete this form and attach the original or copy of your paid registration receipt and return to:     Carrie Lam; 1220 269th Ct SE; Sammamish, WA 98075.  2. Fill out the attached evaluation form.  3. Attach a check or complete credit card information below for \$2 per clock hour with the request.  Cardholder Name:							
Date(s): Title of Institute:							
Presenter(s):							
Convention –Day One: Date: Saturday, March 24, 2018							
Times of sessions	Presenter(s)	Topic					

<u>Convention –Day Two</u>:

Date: Sunday, March 25, 2018

	Presenter(s)	Topic		
Convention –Day Th	nree:			
Date: Monday, Mar	rch 26, 2018			
1				
Times of sessions	Presenter(s)	Topic		
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Signature/Date

## **ASCD Annual Conference & Exhibit Show**

#### **WASHINGTON STATE**



### **EVALUATION FORM**

Your Name:										
Conference Year/City:										
	Please rate the following from 1 (low) to 5 (high):									
A.	Please rate the conference for content, knowledge, and information gained.									
	1	2	3	4	5					
B.	Rate the usefulness of the conference.									
	1	2	3	4	5					
C.	Rate the application and relevance of this to your daily efforts to improve student learning.									
	1	2	3	4	5					
D.	What are 3 facts that stood out from the conference?									
E.	In terms of proce	ess & professional	development des	sign, what are 2 g	good things about tl	ne conference?				
F.	What are 2 thing	gs you learned du	iring the confere	ence?						