|  |  |  |
| --- | --- | --- |
| |  |  | | --- | --- | |  | **Workshop Registration Form**  **Please read carefully!**   1. Please complete this form, **“save as” in your school’s name** or personal name at the **start of the filename**. 2. **Use separate forms for each workshop** please. 3. Your registration form should be emailed from your official MOE address   if an e-invoice to your school is required.   1. All workshop registration fees remain payable if you or your school staff   are unable to attend, except if we receive notification at least **14 days**  before the workshop date. Replacements are allowed at any time until  the start of the programme. | |
| **Forthcoming Workshops Mar-May 2025** |
| Registration closes as soon as seats are all taken up.  **Each workshop is limited to 40 participants.** |

1. **Each workshop is different. Submit one registration form for each workshop you sign up. Select the workshop you wish to attend by writing ‘X’ in the first column below.**
2. **Use a fresh registration form if you wish to attend multiple workshops.**
3. **Submit all the completed form(s) to** [**ascdadmin@work-solutions.com**](mailto:ascdadmin@work-solutions.com)**.**

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| --- | --- | --- | --- | --- | --- | --- |
| **Select workshop**  **(Use “X”)** | **Code** | **Date**  **and Time** | **Workshop** | **Life Member** | **Ordinary/ Institutional Member** | **Non-Member** |
|  | **W1** | **March 28, Fri**  **(2.30pm-4.30pm)** | **Navigating Polarities in Teaching and Learning** | **Free** | **Free** | **Free** |
|  | **W3** | **April 11, Fri (2.30pm–5pm)** | **Supporting Diverse Learners**  **with Mathematics Anxiety** | **Free** | **$155.00** | **$185.00** |
|  | **W4** | **April 17, Thu (9am–4pm)** | **Supporting Students**  **with ASD**  **(Autism Spectrum Disorder)** | **Free** | **$205.00** | **$245.00** |
|  | **W6** | **May 29, Thu (9am–4pm)** | **Generative AI Workshop—**  **Advanced Course for Teachers** | **Free** | **$260.00** | **$310.00** |

***All workshops will be held at the ISH Training Room, St Joseph’s Institution.***

***Workshop fees for W1 and W3 include workshop materials and a light lunch.***

***Workshop fees for W4 and 6 include workshop materials, morning break and lunch.***

***Please email*** [***ascdadmin@work-solutions.com***](mailto:ascdadmin@work-solutions.com) ***if you have any questions.***

***Register here for Individual, Self-Paying Participants***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name of Participant | Email Address | Mobile Phone No. | ASCD Singapore Membership Type  *(Please click one)* |
| 1 |  |  |  | Life  Ordinary  Non-Member |
|  | Postal Address (include postcode) | | | |

***Important Note: Please complete the Confirmation of Payment Section at the bottom of this page.***

***Payment is expected at least 7 days in advance of the workshop date.***

***Register here for Schools, Organisations:***

*(ASCD (Singapore) Institutional Members and Non-Member Schools)*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of School or Organisation | |  | | | | | | |
| Postal Address | |  | | | Postcode | |  | |
| Name of Liaison Person | |  | | | Office  Phone No. | |  | |
| Designation of Liaison Person | |  | | | Extension No. | |  | |
| Liaison Person’s Email Address | |  | | | Mobile Phone No. | |  | |
| **Particulars of Participants from Schools**  *Note: Please complete the Confirmation of Payment Section* | | | | | | | | | |
| No. | Name of Participant | | Email Address | Teaching Level | | Mobile Phone No. | | ASCD Singapore Membership Type  *(Please check one)* | |
| 1 |  | |  |  | |  | | Life  Ordinary  Institutional  Non-Member | |
| 2 |  | |  |  | |  | | Life  Ordinary  Institutional  Non-Member | |
| 3 |  | |  |  | |  | | Life  Ordinary  Institutional  Non-Member | |

*Insert more rows if required.*

**Confirmation of Payment** *(Please select one option with “X”)*

|  |  |  |
| --- | --- | --- |
|  | 1 | Please e-invoice my school (The following information **MUST** be provided):  **SBU No:**  **Attention to:** |
|  | 2 | Please issue a **hard-copy invoice** and send the pdf copy via email to:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  Payment will be made immediately on receipt of invoice. (Only for institutes, schools) |
|  | 3 | Cash, Online Bank and PayNow Transfers can be made to our bank account:  Payee: ASCD (Singapore)  Bank Account No: DBS Bank A/c Number: 020-004574-4  PayNow No: S89SS0105L001  Please email your transaction advice to [ascdadmin@work-solutions.com](mailto:ascdadmin@work-solutions.com) |