

# Professional Development



Cooperating School Districts



8225 Florissant Road  
St. Louis, MO 63121

(314) 692-9730  
(314) 692-9700/Fax  
(800) 835-8282

visit at [www.csd.org](http://www.csd.org)  
e-mail: [kvaughan@csd.org](mailto:kvaughan@csd.org)



## Music Educators Forum 2009-10



This job-alike group is designed for K-12 music educators. This will be a chance to meet and discuss issues and dialogue on important topics. Special speakers will be invited based on the needs of the group. Participants will also have the opportunity to break into smaller groups by district size for additional discussion as well as participate in a roundtable discussion. Speakers and topics are based on participants needs.

**Audience:** Music Educators K-12

**Presenters:** Multiple

**Dates:** Wednesday, October 7, 2009;  
Tuesday, December 1, 2009;  
Thursday, January 28 2010 and  
Thursday, March 11, 2010

**Times:** 12:30 - 3:30 P.M. each date

**Location:** Cooperating School Districts/Regional Professional Development Center

8225 Florissant Road, St. Louis, MO 63121

**Costs:** \$80 CSD members; \$100 for non-members *Payment must accompany registration.* (Costs includes all four dates and lunches.)

**To register online:** <http://seminars.csd.org.8080/default.a4d?courseid=04031-00>

**Reference No.:** 04031-07

**Registration**

**Deadline:** September 30, 2009



*For more information please contact Karen Vaughan, 314-692-9730, [kvaughan@csd.org](mailto:kvaughan@csd.org), fax 314-692-9700. Please visit [csd.org](http://csd.org) to sign up for the E newsletter and to see the professional development calendar.*

NOTE: Participants who cancel after the registration deadline will be subject to a cancellation fee. "No shows" will be charged in full.

Please register me for (Name of Workshop) \_\_\_\_\_ (on) \_\_\_\_\_ (Reference #) \_\_\_\_\_

Name \_\_\_\_\_ Mr/Ms/Mrs/Dr \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School \_\_\_\_\_ District \_\_\_\_\_ Grade Level(s) \_\_\_\_\_ Specialty/Subject(s) \_\_\_\_\_ Educational Role \_\_\_\_\_

School Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Email Address \_\_\_\_\_ Fax Number \_\_\_\_\_

Payment (check one)  Check enclosed  Purchase order enclosed  Please bill my district

Please copy this form for additional participants.

Mail or Fax to CSD, Attn: Registrar, 8225 Florissant Road, St. Louis, MO 63121 • [kvaughan@csd.org](mailto:kvaughan@csd.org) or fax to (314) 692-9700/Fax.