



## ACTIVITY REGISTRATION

Position:  Administrator  Teacher  Paraprofessional  Nurse  
 Counselor  Other \_\_\_\_\_

Name \_\_\_\_\_

Folder/License # \_\_\_\_\_

Social Security or Driver's License # \_\_\_\_\_

Employed by: School District/Agency \_\_\_\_\_

Phone (H) (\_\_\_\_) \_\_\_\_\_ (W) (\_\_\_\_) \_\_\_\_\_

Building \_\_\_\_\_

Home Address \_\_\_\_\_  
Number and Street

Grade Level(s) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Subject Area(s) \_\_\_\_\_

E-mail Confirmation to: \_\_\_\_\_

Type of credit desired if available:

- License Renewal  CEUs  
 CEUs-Nurses

Activity #	Activity Name	Fee	Dates	Location

Amount Paid \_\_\_\_\_ Payment by:  Check # \_\_\_\_\_  P.O. # \_\_\_\_\_

**The most secure way to register by credit card is online at [www.aea11.k12.ia.us](http://www.aea11.k12.ia.us) or you may complete all of the following information:**

Credit Card:  VISA  MASTERCARD      CARD # \_\_\_\_\_      EXPIRES \_\_\_\_ / \_\_\_\_  
Month/Year

Please print name exactly as it appears on card \_\_\_\_\_      Signature of Cardholder \_\_\_\_\_

Cardholder Billing Address:  
(as it appears on your statement) \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Return to Professional Development, Heartland AEA 11, 6500 Corporate Drive, Johnston, IA 50131. No phone registrations. Payment must accompany registration. Make checks payable to Heartland AEA 11.

**\*\*Drake University requires an accurate Social Security Number in order to send T-1098 forms for tax purposes and also to access their online grade system. If you choose not to give your Social Security Number, you may provide your date of birth instead, but you may not receive a correct form T-1098 from Drake.**

Social Security #: \_\_\_\_\_ or Date of Birth: \_\_\_\_\_