Higher Ed Department Chair Academy
Purchase Order Registration Form

• Please type or print.
• It is important that each section be fully completed.
• Registration form must be signed by both the candidate and the appropriate approval signature.

2021 – 2022 Session Dates
Session 1 – Role of the Department Chair, Part 1, May 24-27, 2021, 8:30 AM – 12:00 PM, Virtual
Session 2 – Role of the Department Chair, Part 2, July 26-27, 2021, 8:30 AM – 12:00 PM, Virtual
Session 3 – Leadership Excellence and Well-Being, September 15-16, 2021, Sept. 15: 6-7:30 PM & Sept. 16: 9:00 AM – 2:30 PM, Virtual
Session 4 – Navigating Cultural Differences, October 26-27, 2021, Oct. 26: 6-7:30 PM & Oct. 27: 8:30 AM – 12:00 PM, Virtual
Session 5 – Institutional Conflict, January 25-26, 2022, Jan. 25: 6-8:30 PM & Jan. 26: 9:00 AM – 2:30 PM, In-Person, Location TBD
Session 6 – Legal & Human Resource Issues in Education, March 8-9, 2022, Mar. 8: 6-8:30 PM & Mar. 9: 9:00 AM – 2:30 PM, In-Person, Location TBD
Session 7 – Role of the Department Chair, Part 3, March 29, 2022, 6-8:30 PM, Virtual

_______________________________________________________
Mr., Ms., Dr. First Name Last Name Badge Name

Department Title_______________________________Department_____________________________________

School/College/University______________________________________________

Office Address_______________________________________________________________________

City_______________________________________State___________Zip Code___________

Office Phone______________________________________________________________

Office E-mail______________________________________________________________

Home E-mail______________________________________________________________

Both pages of the registration form must be completed and signed with the appropriate signatures for registration form to be accepted.

For more information contact: Cary Williams, ELA Director, Phone: (405) 974-5561 Email: cwilliams56@uco.edu
TUITION

Registration Fee: $1499.00 includes meals, lodging, and instructional materials for the in-person sessions (Deadline to register: April 22, 2021). Participants are responsible for their transportation to the session locations.

Who will be responsible for payment?

Name_________________________________________________________________________________________________________________________

Address____________________________________________________________________________________________________________________

City________________________________________________________ State________________________ Zip Code____________________________

Phone________________________________________________________

E-mail________________________________________________________

Purchase Order number ____________________________________________________________________________________________________

Purchase orders should be issued to: Educators’ Leadership Academy, University of Central Oklahoma, CTL 102, Box 212, 100 N. University Drive, Edmond, OK 73034.
Federal Tax ID 731353314,
Vendor Code: ZU2LD
Detail Code: UBEL
Org. # 020020
Location: 0008
UCO State Agency #0000000120

Cancellation and Refund Policy

Cancellation requests must be made by telephone or in writing to the Educators Leadership Academy. If the request is received more than 30 days prior to the academy, all amounts already paid will be refunded minus US $50.00 per booking administration fee. Participants who cancel within 30 days prior to the academy for any reason, including medical reasons, will be subject to the following cancellation fees:

Cancellation requests received following number of days before event:
30 – 15 days = 50% of full fee
14 days or less = 100% of full fee
In addition, the following apply:

Another person can be substituted for another registered participant.
One hundred percent (100%) refund if the academy is canceled or rescheduled by the Educators’ Leadership Academy.

Participant Signature: _______________________________ Date:________________________

Supervisor’s name and position: ______________________________________________________________________________________

Supervisor’s signature: _______________________________ Date____________________

(The supervisor signature verifies that this registration form has the approval of the supervisor and the applicant has the full support and commitment of the organization, which includes the time required to participate in the program.)

Please mail completed registration form to: The Educators’ Leadership Academy, University of Central Oklahoma, 100 North University Drive, CTL 102, Campus Box 212, Edmond, OK 73034.

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