

**Registration Form**

**SACSCOC Pre-Applicant Workshop**

**SACSCOC Institutional Effectiveness Workshop**

**Workshop date: November 1, 2024**

Prior to registering for the workshops, please notify Rebecca Gallagher @ (404) 994-6552 ([rgallagher@sacscoc.org](mailto:rgallagher@sacscoc.org)) with your intent to register, to ensure there is space for your preferred date.

**These workshops will be provided virtually and will consist of narrated slides and conference calls. Participants will be expected to review narrated slides supplied prior to the workshop, confer with others at the institution as desired, and formulate questions to be asked during conference calls to be scheduled after the registration form and the fee have been received. Only registered participants will be able to participate in the conference calls.**

**Participation in both workshops is mandatory. You may register a maximum of 2 people per institution per workshop.**

Registration Fee: $250 per participant for each workshop

Institution Name: Click here to enter text.

Institution Address: Click here to enter text.

Degrees Awarded (select all that apply): Associate’s Bachelor’s Master’s Doctor’s

The following individual(s) from our institution will review slides and then participate in theZoom meeting.

**Pre-Applicant Workshop Participant #1**

Name: Click here to enter text.

Title: **Click here to enter text.**

Address (if different from above): Click here to enter text.

Telephone: Click here to enter text.

Email: Click here to enter text.

**Pre-Applicant Workshop Participant #2**

Name: Click here to enter text.

Title: Click here to enter text.

Address (if different from above): Click here to enter text.

Telephone: Click here to enter text.

Email: Click here to enter text.

The following individual(s) from our institution will review slides and then participate in theZoom meeting.

**Institutional Effectiveness Workshop Participant #1**

Name: Click here to enter text.

Title: **Click here to enter text.**

Address (if different from above): Click here to enter text.

Telephone: Click here to enter text.

Email: Click here to enter text.

**Institutional Effectiveness Workshop Participant #2**

Name: Click here to enter text.

Title: Click here to enter text.

Address (if different from above): Click here to enter text.

Telephone: Click here to enter text.

Email: Click here to enter text.

Please mail this registration form along with your check or money order payable to SACSCOC to the following address: SACSCOC, Attention: Rebecca Gallagher, 1866 Southern Lane, Decatur, GA 30033-4097. ***Credit card payments are not accepted***. Please request wire transfer information via email ([rgallagher@sacscoc.org](mailto:rgallagher@sacscoc.org)). Thank you.