

# Virtual Leadership Training

If you've been tasked with creating or managing a virtual school, you likely have questions and are looking for resources. Our two-day intensive training is designed to help you ask the right questions, do the right planning, and create a blueprint for action.

You will spend two days with Florida Virtual School leaders who will provide expert feedback for the development of your program. Our outstanding e-learning model has been recognized through numerous awards, including the 2009 CODiE Award for "Best Virtual Solutions for Students," 2007 EdNET "Pioneer Award," and 2007 USDLA "Best Practices Award." We've learned many lessons on our way to the top. With Virtual Leadership Training, you are the direct beneficiary.

## Virtual Leadership Training Registration

### Attendees

Name	
Title	
School/District	
Street Address	
City, ST & ZIP Code	
Phone	
E-Mail Address	

Name	
Title	
School/District	
Street Address	
City, ST & ZIP Code	
Phone	
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### What do you learn?

The two-day workshop addresses—

- Hiring and staffing
- Funding and budget
- Policies
- Data and performance management
- Student recruiting and retention
- Accountability
- Curriculum
- Learning and performance management systems
- Evaluating your program
- Marketing your program

**Training is held at Florida Virtual School headquarters in Orlando, FL.**



Please select the training session you plan to attend.\*

- January 25-26, 2012       July 18-19, 2012  
 April 18-19, 2012       October 17-18, 2012

Please scan or fax this completed registration form to Courtney Calfee at ccalfee@flvs.net or 1.866.491.6971. You may include credit card information or pay by check. To pay by check simply scan or fax a purchase order to the email or fax number listed above (payable to "Florida Virtual School"). If you do not receive confirmation of your registration within one week, please email ccalfee@flvs.net.

- VLT is \$995 per attendee;
- 10% discount 3 or more attendees;
- 15% discount 5 or more attendees.

Continental breakfast and lunch included both days.

Name on Card: \_\_\_\_\_

Card Type (Please circle one):      Visa      Master Card

Billing Address: \_\_\_\_\_

\_\_\_\_\_

Card # \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Amount to be charged to card: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_-\_\_\_\_-\_\_\_\_

For questions regarding your VLT form submission please email ccalfee@flvs.net.

\* Training dates are subject to change based upon demand.