



**Cohort 4 – August 2010- March 2011**  
**Location: Clare-Gladwin RESD**  
 4041 E. Mannsiding Rd.  
 Clare, MI 48617  
 Phone: 989-386-3851  
 First Session: September 20, 2010

Thank you selecting the Fourth Cohort of The Michigan Leadership Improvement Framework Enhancement Program.

**TO REGISTER** for this program, **mail or fax** this form along with your payment to **MIEM** at the address below. Registration must be completed by **July 1, 2010** and payment received by **August 15, 2010** in order to guarantee your participation. Once you have registered, additional information will be sent regarding your participation.

Successful completion in the program can result in 18 SBCEUs or approved University credits and, if eligible, an administrator endorsement. The fee to participate in the entire MI-LIFE program is \$1200 plus a small fee for processing SBCEUs if desired. **Several ISD/ESD/Districts are subsidizing the tuition fee for individuals. Please check your selected site for more information.** Endorsement applications are handled by the administrator professional associations and the Michigan Department of Education and the process for obtaining an endorsement may include additional fees.

In the event your plans have changed and you are unable to participate, please notify Jan Kesel at [jkesel@mi-life.org](mailto:jkesel@mi-life.org) so that we can accommodate other applicants who are on a waiting list. Thank you and we look forward to your participation in the exciting **MI-LIFE** initiative!

**Registration Form**

**Payment Information**

Name: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 on: \_\_\_\_\_  
 ct: \_\_\_\_\_  
 sss: \_\_\_\_\_  
 itate/Zip: \_\_\_\_\_  
 e: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Registration Fee:** \$1200  
**Additional(Optional):**  
**18 SB-CEUs:** \$ 30  
**TOTAL** \$ \_\_\_\_\_  
 For those wishing to earn university credit instead of SBCEUs, registration information will be available at the session.

**Payment Option:**  
 My check payable to MIEM is enclosed.  
 My purchase order #: \_\_\_\_\_  
 (A Purchase Order is not payment.)  
 Please charge my :  Visa  MasterCard  
**Print Name on Card:** \_\_\_\_\_  
**Card #:** \_\_\_\_\_  
**Exp. Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_  
 By completing this registration form and submitting it to **MIEM** understood that you have followed district procedure for pay your responsibility to ensure that **MIEM** receives payment.

**Cancellation:** A \$25 service fee will be retained for all cancel Payment must be received by **August 15, 2010**, or your place guaranteed for the Fourth Cohort.



For information concerning **registration** for the **MI-LIFE** program, contact **Danielle Dankenbring** at the **MIEM** office at 517.327.2589 or email [Danielle@gomiem.org](mailto:Danielle@gomiem.org)

**FAX COMPLETED FORM TO**  
 Danielle Dankenbring, MIEM  
 517.327.0771  
**MAIL COMPLETED FORM TO**  
 Danielle Dankenbring, MIEM  
 1001 Centennial Way, Suite  
 300  
 Lansing, MI 48917-9279

