

2010-2011 C.L.A.S.S. One Day Workshops Registration Form



PARTICIPANT INFORMATION—ONE PARTICIPANT PER FORM PLEASE

NAME _____

HOME STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____ HOME PHONE NUMBER _____

EMAIL (REQUIRED) _____ JOB TITLE _____ GRADE LEVEL(S) _____

SCHOOL NAME _____

DISTRICT NAME _____

PLEASE THE WORKSHOPS YOU ARE REGISTERING TO ATTEND

Courageous Conversations:
Gender, Poverty, the Brain and Behavior
 Wednesday, October 6 / 9:00AM-3:30PM

Developing your "A Game":
Differentiation & Collaboration Strategies
 Monday, October 18 / 9:00AM-3:30PM

I Can Read!
Comprehension & Vocabulary: Grades K-2
 Saturday, December 11 / 9:00AM-3:30PM

Moving Beyond "I Don't Know":
Comprehension & Vocabulary: Grades 3-8
 Saturday, December 18 / 9:00AM-3:30PM

Growing Exceptional Writers
Grades: 3-8
 Tuesday, January 11 / 9:00AM-3:30PM

**I never knew I could do so much...
with a PICTURE BOOK!**
 Saturday, January 15 / 9:00AM-3:30PM

On your mark, get ready, write!
Grades: K-2
 Saturday, February 12 / 9:00AM-3:30PM

Each Workshop = 6 Professional Growth Plan Points

WORKSHOP LOCATION

All workshops will be held in the C.L.A.S.S. Office Building located at 5975 Castle Creek Parkway North Drive, Building VI, Indianapolis, Indiana. A map link will be included in the registration confirmation emailed to each participant.





COST

The cost to attend a workshop is \$79.00 per participant.

All confirmations and correspondence following registration will be sent via email.

Cancellations and refunds are allowable up to 10 business days prior to each workshop. Registrations are transferrable prior to the workshop. Participants who do not attend the workshop and do not cancel 10 business days prior to the workshop are responsible for the entire registration fee. Workshops are subject to change or cancellation by C.L.A.S.S. without penalty.

HOW TO REGISTER

-  Mail to C.L.A.S.S. at: 5975 Castle Creek Pkwy N. Dr.
Castle Creek VI ~ Suite 475
Indianapolis, IN 46250
-  Fax to: 317.579.9358
-  Email to: register@joyofclass.org
-  Questions? Call us! 317.572.1576

PAYMENT METHOD (PLEASE ONE)

- CHECK, Payable to C.L.A.S.S CK# _____
- PURCHASE ORDER—P.O. # _____

CHARGE MY: MasterCard VISA
 AMEX DISCOVER

Credit Card Number _____

Expiration: Month/Year _____

Name on Credit Card (Please Print) _____

Billing Address (if different than above) _____

Signature _____