

# Fall 2010 C.L.A.S.S. Life Essentials Courses 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

### LIFE ESSENTIALS COURSE 4 WORKSHOPS-\$299

24 Professional Growth Plan Points

- Life Essentials Fall 2010—4 Workshops  
9:00AM—3:30PM  
Saturday, October 16  
Saturday, November 6  
Saturday, November 13  
Saturday, December 4

### INDIVIDUAL COURSES-\$79 each

6 Professional Growth Plan Points

#### Classroom Management—Part 1

- Saturday, October 16 / 9:00AM-3:30PM

#### Classroom Management—Part 2

- Saturday, November 6 / 9:00AM-3:30PM

#### Classroom Management—Part 3

- Saturday, November 13 / 9:00AM-3:30PM

#### Classroom Management—Part 4

- Saturday, December 4 / 9:00AM-3:30PM

### WORKSHOP LOCATION

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

### COST

The cost to attend all 4 Life Essentials workshops is \$299 per participant. The cost to attend an individual Life Essential course 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 \_\_\_\_\_