

C.L.A.S.S. Best Practices Conference

KANSAS CITY, MISSOURI / JUNE 8-10

INDIANAPOLIS, INDIANA / JULY 20-22

DAVENPORT, IOWA / JULY 27-29



Registration Form

REGISTRANT INFORMATION—ONE REGISTRANT PER FORM PLEASE

NAME _____ NAME ON NAMETAG _____

HOME STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____ HOME PHONE NUMBER _____

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

SCHOOL NAME _____

DISTRICT NAME _____

DATE/LOCATION SELECTION (PLEASE ONE)

- KANSAS CITY, MISSOURI / JUNE 8-10
- INDIANAPOLIS, INDIANA / JULY 20-22
- DAVENPORT, IOWA / JULY 27-29

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 _____

COST

	Registration received by 4/20/10	Registration received after 4/20/10
Individual Participant Cost	\$269	\$289

Cancellations and refunds are allowable up to 30 business days prior to the workshop. Registrations are transferrable prior to the workshop. Participants who do not attend the workshop and do not cancel 30 business days prior to the workshop are responsible for the entire registration fee.

4 WAYS TO REGISTER

- Mail to: C.L.A.S.S. 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: 317.572.1576