

2010 C.L.A.S.S. SUMMER INSTITUTE

JUNE 22 - 25, 2010

Pike Freshman Center
6801 Zionsville Road
Indianapolis, IN 46268



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 _____

ISLAND (STRAND) SELECTION (PLEASE ONE)

- ISLAND 1: Positive Behavior
- ISLAND 2: Literacy Across the Curriculum
- ISLAND 3: Differentiation
- ISLAND 4: Creative & Innovative Teaching

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	\$450	\$495
Participant Cost for 10 or more per school or 20 or more per district	\$395	\$440

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
- By Phone: 317.572.1576