

C.L.A.S.S.
Spring 2009 ~ Support Team Day Registration Form
Friday, March 13, 2009
8:30AM—3:30PM
(8:30AM—4:00PM for graduate credit participants)

General Information:

School _____

School address _____

City/State _____ Zip _____ Phone # _____

Principal's name _____

District Name _____

Attendees:

Name	Position/Title	Grade	E-mail
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			

Payment:

Cost included in our 2008/2009 C.L.A.S.S. Service Package

Payment Option: \$50 per person

Check or Money Order Purchase Order Purchase Order # _____

MasterCard Visa American Express Discover

Credit Card # _____ Expiration Date _____

Name on Credit Card _____ Signature _____

Billing Address on Credit Card _____

Please make checks, money orders, and purchase orders payable to: C.L.A.S.S.

Mail to:
C.L.A.S.S.
Castle Creek Parkway N. Drive
Castle Creek VI, Suite 475
Indianapolis, IN 46250

Phone: 317-572-1576
Fax to: 317-579-9358
E-mail: register@joyofclass.org