



PROJECT M.I.N.D. WORKSHOP

REGISTRATION FORM- Saturdays, April 12, 19 and 26, 2008

Please print all information:

School Name _____

Address/Zip Code _____

Tax ID _____ PO# _____

Teacher Name(s)

- | | |
|----------|---|
| 1. _____ | Employee No. or FL Certificate No. _____ |
| 2. _____ | Employee No. or FL Certificate No. _____ |
| 3. _____ | Employee No. or FL Certificate No. _____ |
| 4. _____ | Employee No. or FL Certificate No. _____ |
| 5. _____ | Employee No. or FL Certificate No. _____ |
| 6. _____ | Employee No. or FL Certificate No. _____ FREE! |

Individual

School

Contact Email _____

Address _____ City _____ State/Zip _____

Contact Telephone _____ Contact Name _____

Purchase Order or Check (Cost \$625 per person) Amount Enclosed \$ _____

(\$595 Early Registration by March 31 2008)

Payment Information: Check or money order payable to *Friends of WLRN*).

Signature _____ Date _____

Mail or fax to: Attn: Mary Kemp, WLRN ITV Services, 7003 SW Fourth Street, Miami FL 33144

Phone: 786-275-0803 Fax: 786-275-0832

Students wanting to withdraw from this workshop must do so in writing postmarked two weeks before the workshops begin on April 12 in order to receive a refund (total tuition/fees minus a \$25 processing fee).