

The Reading Institute, Inc.

Reading with TLC Registration Form

(each participant must complete a registration form)

Deadlines: July 18, 2008 (Parts 1 & 2)

October 14, 2008 (Part 3)

Name _____

Home Phone _____ **Email** _____

Street Address _____

City _____ **State** _____ **Zip** _____

School Name _____ **School Email** _____

School Phone _____ **School Fax** _____

School Street Address _____

City _____ **State** _____ **Zip** _____

Please check the class(es) you will attend. Parts 1 & 2 – August 18 & 19 Part 3 – November 14

Please check your lunch selection: (all salad dressings on the side)

	8/18	8/19	11/14		8/18	8/19	11/14
House Salad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grilled Chicken Sandwich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caesar Salad w/Grilled Chicken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vegetarian Wrap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mexican Chicken Wrap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Greek Salad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thai Chicken Burrito w/Peanut Sauce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Turkey Sandwich w/Cranberry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLT Sandwich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roast Beef Sandwich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Method of Payment: \$325 (parts 1 & 2); \$180 (part 3)

Registration form **cannot** be processed without accompanying purchase order, check, money order or credit card number. Please include attendee and institute names on purchase order or check.

_____ **Purchase Order #** _____
(must be faxed or attached to registration form)

_____ **Check/Money Order**
(make check payable to The Reading Institute)

_____ **Credit Card**
_____ Visa _____ Master Card _____ American Express

Account Number _____

Expiration Date _____

Print Name _____

Cardholder Signature _____

Two easy ways to register:

1. Fax to:

The Reading Institute
413.458.8777

2. Mail to:

The Reading Institute
430 Main Street
Williamstown, MA 01267

questions?

call 413.458.9995 or
email janetjstratton@aol.com