

# The Reading Institute, Inc.

## EmPower™ Registration Form

(each participant must complete a registration form)

**Deadline: May 4, 2009**

**Name** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**School Name** \_\_\_\_\_

**School Phone** \_\_\_\_\_ **School Fax** \_\_\_\_\_

**School Email** \_\_\_\_\_

**School Street Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Grade/Special** \_\_\_\_\_

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

**Roast Turkey and Cheddar Wrap**

**Tuna Salad over Mixed Greens & Veggies**

**Grilled Chicken Wrap**

**Antipasto Salad**

**Poached Turkey over Baby Greens**

**Cajun Seared Salmon over Spicy Greens**

**Poached Chicken Salad Wrap**

**Virginia Ham & Herb Goat's Cheese Wrap**

**Grilled Vegetable Wrap**

**Salad of Hearts of Palm, Artichokes,**

**Sun Dried Tomatoes and Couscous**

### Method of Payment: \$175

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 janet@thereadinginstitute.net