

# The Reading Institute, Inc.

## Foundations Registration Form

(each participant must complete a registration form)

**Deadline: March 28, 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 which workshop you wish to attend:

\_\_\_\_\_  April 28-30, 2009: Hingham, MA

\_\_\_\_\_  May 4-6, 2009: Williamstown, MA

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

	4/28	4/29	4/30	5/4	5/5	5/6
Grilled Chicken Sandwich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roasted Turkey Sandwich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caesar Salad w/ Grilled Chicken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vegetarian Wrap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ham and Swiss Sandwich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garden Salad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuna Salad over Mixed Greens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Method of Payment: \$450 per workshop.

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