

The Reading Institute, Inc.

LETRS Registration Form

(each participant must complete a registration form)

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 modules you are interested in attending:

Modules 1, 2, 3: March 11-13, 2009

Modules 4, 5, 6: April 6-8, 2009

Modules 7, 8, 9: July 15-17, 2009

Modules 10, 11, 12: August 4-6, 2009

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

	3/11	3/12	3/13	4/6	4/7	4/8	7/15	7/16	7/17	8/4	8/5	8/6
Asian Chicken Salad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Greek Salad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grilled Portabella Mushroom Sandwich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roast Beef Sandwich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Virginia Baked Ham and Cheese Sandwich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Santa Fe Smoked Turkey Sandwich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Method of Payment: (~~\$695.00~~ \$495.00 for each group of 3 modules)

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