

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 October 14, 15, 16, 2008 _____ Modules 4, 5, 6 November 18, 19, 20, 2008

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

| | 10/14 | 10/15 | 10/16 | 11/18 | 11/19 | 11/20 |
|--------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Caesar Salad w/Grilled Chicken | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| House Salad | <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"/> |
| Cobb Salad w/Grilled Chicken | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lemon Tuna Salad | <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"/> |
| Grilled Chicken Sandwich | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Greek Wrap | <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"/> |
| Cobb Wrap | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Thai Burrito w/Peanut Sauce | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mexican Burrito | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Method of Payment: (\$695.00 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 janetjstratton@aol.com