

The Reading Institute, Inc.

Mathematics Fall Series 2009 Registration Form

(each participant must complete a registration form)

Deadline: 30 days prior to date of workshop.

Name _____

Home Phone _____ Email _____

Street Address _____

City _____ State _____ Zip _____

School Name _____ Grade/Special _____

School Phone _____ School Fax _____

School Street Address _____

City _____ State _____ Zip _____

Please check Workshop/Workshops you are interested in attending:

- Workshop 1: September 17, 2009 Williamstown, MA
- Workshop 2: October 29, 2009 Williamstown, MA
- Workshop 3: November 18, 2009 Williamstown, MA

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

	9/17	10/29	11/18
House Salad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Greek Salad	<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"/>
Grilled Chicken Sandwich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turkey Sandwich w/Cranberry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caesar Salad w/Grilled Chicken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cobb Salad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cobb Wrap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thai Chicken Burrito w/Peanut Sauce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLT Sandwich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hummus Wrap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Method of Payment: \$175 perworkshop. Register for two or more workshops: \$100 each.

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