

The Reading Institute, Inc.

Mathematics Registration Form

(each participant must complete a registration form)

Deadline: June 1, 2009

Name _____

Home Phone _____ **Email** _____

Street Address _____

City _____ **State** _____ **Zip** _____

School Name _____ **School Email** _____

School Phone _____ **School Fax** _____

School Street Address _____

City _____ **State** _____ **Zip** _____

Grade/Special _____

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

	6/29	6/30	7/1	7/2	7/3
House Salad	<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"/>
Greek Salad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cobb Salad	<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"/>
Cobb Wrap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mexican Chicken Wrap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thai Chicken Burrito w/ Peanut Sauce	<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"/>
BLT Sandwich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turkey Sandwich w/ Cranberry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Method of Payment: \$800 per workshop (without Graduate Credits)

\$950 per workshop (with Graduate Credits)

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