**Workshop Registration Form**

**Each participant must complete a Registration Form**

The fee must be enclosed with your registration in the form of a check, purchase order or credit card number. Charges may be faxed with your registration to (612) 706-5555. Checks should be made payable to A Chance To Grow and mailed with the registration form to:

A Chance To Grow, Attn: MLRC
1800 Second Street NE
Minneapolis, MN 55418

Call (612) 706-5549 if confirmation is needed before receipt of the confirmation letter. A confirmation email will be sent prior to the workshop and will include workshop details.

All Minneapolis workshops are held at A Chance To Grow. 
**Space is limited and participation is confirmed in order of receipt of registration and payment.**

*Early Bird: Must be received by ACTG office two weeks prior to the Monday before the Workshop for savings to apply.*

<table>
<thead>
<tr>
<th>Workshop (Circle One)</th>
<th>S.M.A.R.T. $585/$560 *Early Bird</th>
<th>S.M.A.R.T. Pre-K $450/$425 *Early Bird</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bridging The Gap $200/$175 *Early Bird</td>
<td>Auditory One Day $250/$225 *Early Bird</td>
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</tbody>
</table>

Workshop Location __________________________________________________ Workshop Dates _________________________________

Name ________________________________________________________________________________________________________

School ______________________________________________________________________________________________________

Position/Title __________________________________________________________________________________________________

Email Address __________________________________________________ (Confirmation information, which includes important details regarding the workshop’s location, hotel options, times, etc., will be sent to the mailing or email address you list. Only include the address at which the participant can be reached year-round).

Address _____________________________________ City ___________________________ State _________ Zip _________________

Daytime Phone (________)_____________________________ (Only include the phone number at which you can be reached year-round).

**INVOICE TO:**

Name/School/Business __________________________________________________________________________________________

Address (Street, City, State, Zip) ______________________________________________________________________________

Registration Fee Enclosed as: _____ Check _____ Credit Card _____ Purchase Order Number ________________________________

Type of Card: ____ Visa ____ Mastercard ____ Discover CVV Code ____________ 3 digit number on the back of the card

Name on Card __________________________________________________________________________________________________

Credit Card# ___________________________________________ Exp. Date ___________________________

Signature for Credit Authorization _________________________________________________________________________________

[web]