



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) 789-1236 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.*

Workshop (Circle One): **S.M.A.R.T. \$640/\$615 *Early-Bird** **S.M.A.R.T. Pre-K \$490/\$465 *Early-Bird** **S.M.A.R.T. Refresher \$250/\$225 *Early-Bird**

City of 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*