

# Registration Form

## SUMMER INSTITUTE FOR EDUCATORS - JUNE 14-15, 2010

*Pre-registration Deadline: June 8, 2010*

Please duplicate this form and complete registration information for additional registrants.

Name \_\_\_\_\_

Position \_\_\_\_\_

School District \_\_\_\_\_

School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

**Billing address if different from above stated address:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

For SEMI, indicate social security no. \_\_\_\_\_

Enroll me as a *current C-SPED website subscriber* at a rate of \$295

Enroll me as a non-subscriber at a rate of \$310

Enroll me as an Additional Team Member at a discount rate of \$275 (*The first team member from a district or organization is full-price; additional members may receive this discounted price*)

I plan to attend the Review 360 Behavioral Program Demonstration!

### PAYMENT

Check payable to C-SPED is enclosed.

Purchase Order Number is \_\_\_\_\_.  
(When using one Purchase Order Number for more than one participant from your district, please submit all registration forms together or ensure the correct Purchase Order Number is designated for each individual participant. Check or purchase order # required for registration.)

**C-SPED Federal Tax ID No.: 20-0846727**

Mail or Fax this Registration Form to:  
C-SPED • P.O. Box 2752 • Ridgeland, MS 39158-2752  
Fax: 509.355.5757 or 601.898.2855