REGISTRATION FORM

Name:				
School:				_
Address:				_
Address: City: Sahaal District Name:	_State: _		Zip:	_
School District Ivallie:				
School Phone #:				
School Fax #:				_
Email address:				
Retreat Date(s):				
Retreat Date(s): Number of Participants:		(Please	Duplicate Form)	
CEUs: obtain prior approval from the provided for 16 hours of instr		hool distri	ct. Letter of attendance	will
Fax Registration Form to (919)7	/32-2302 at	ttn: Nancy	Anderson	
Mail to: Interactive Learning S 3826 St. Mary's Road, Call for more information: 1-8	, Hillsboro	ugh, NC 27	7278	
Can for more information: 1-8	00-221-032	22		
Cost of Workshop:				
\$ 395.00 per participant (see opt ½ price for additional participa		*	district (\$197.50)	
Options:				
1. I have purchased an editor fr receive one FREE 2-Day Ret			ning Systems, Inc., and	will
2. I have not purchased an editoretreat: **	or yet, but	I would lik	e to attend the 2-Day	
** Purchase an editor after a credit of \$ 395.00 on the p				
3. I would like to learn more ab	out using t	he editor t	hat I have in my school:	;
Comments or special requests:				