

# 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.*

Workshop (Circle One): **S.M.A.R.T. \$585/\$560 \*Early Bird** **S.M.A.R.T. Pre-K \$450/\$425 \*Early Bird** **Bridging The Gap \$200/\$175 \*Early Bird**

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 \_\_\_\_\_