

C.L.A.S.S. 2018 SUMMER INSTITUTE Registration Form



June 19-21, 2018 ~ 8:00AM-3:30PM Daily
 Holy Cross Lutheran School
 8115 Oaklandon Road, Indianapolis, Indiana



Let's Teach!

REGISTRATION INFORMATION - IF REGISTERING MORE THAN 6 PARTICIPANTS, PLEASE COPY FORM

SCHOOL / ORGANIZATION NAME

DISTRICT NAME

FIRST / LAST NAME

NAME PREFERRED ON NAMETAG

JOB TITLE / GRADE LEVEL

E-MAIL ADDRESS (REQUIRED)

FIRST / LAST NAME

NAME PREFERRED ON NAMETAG

JOB TITLE / GRADE LEVEL

E-MAIL ADDRESS (REQUIRED)

FIRST / LAST NAME

NAME PREFERRED ON NAMETAG

JOB TITLE / GRADE LEVEL

E-MAIL ADDRESS (REQUIRED)

FIRST / LAST NAME

NAME PREFERRED ON NAMETAG

JOB TITLE / GRADE LEVEL

E-MAIL ADDRESS (REQUIRED)

FIRST / LAST NAME

NAME PREFERRED ON NAMETAG

JOB TITLE / GRADE LEVEL

E-MAIL ADDRESS (REQUIRED)

FIRST / LAST NAME

NAME PREFERRED ON NAMETAG

JOB TITLE / GRADE LEVEL

E-MAIL ADDRESS (REQUIRED)

HOW TO REGISTER



Mail to: C.L.A.S.S.
 P.O. Box 314
 Carmel, IN 46082



Email to: valerie@joyofclass.org



Questions? Call us! 317.815.9015

ADDITIONAL INFORMATION

Registration confirmation, registration reminders and Attendance/PCP Certificate will be forwarded to the email addresses listed above.

Please note that refunds and cancellations are not allowable beginning 30 days prior to the event. Registrations are transferable prior to the workshop. Registrants who do not attend the workshop are responsible for the entire registration fee. Please inform C.L.A.S.S. office of registration replacements or cancellations at least 48 hours prior to event.

COST

Per Participant	Registration received by 4/1/18	Registration received after 4/1/18
Institute Cost	\$329	\$379

PAYMENT INFORMATION

- CHECK, Payable to **C.L.A.S.S** CK# _____
- PURCHASE ORDER—P.O. # _____