

# Groves Academy Summer Institute

## Registration Form

- ◆ Participants may register for one, two, or three workshops.
- ◆ Registration is processed on a first-come, first-served basis; early registration is encouraged.
- ◆ The cost for registering for all three workshops will be discounted to \$675.
- ◆ Please carefully complete this form and mail or fax it to:

**Groves Academy, Attn. Summer Institute**  
**3200 Highway 100 South, Saint Louis Park, MN 55416**  
**Fax: 952.920.2068**

- ◆ Cancellations must be received two weeks prior to the first date of the institute (August 2<sup>nd</sup>). A \$25 processing fee will be retained.

### General Information

Name \_\_\_\_\_ School \_\_\_\_\_ Position \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Where did you find out about this?  Mailing  Friend  Email  Website \_\_\_\_\_  Other \_\_\_\_\_

### Fees & Payment Information

Please check all appropriate boxes. Payment in full is required with each registration.

✓	Session	Dates	Cost	
	Wilson Introductory Workshop / Applied Methods	8/16 – 8/18	\$525	
	Assistive Technology for Struggling Students	8/19	\$100	
	Teaching Students with AD/HD and Executive Function Challenges	8/20	\$100	
Discounted rate! There is a \$50 discount for registering for all three classes. <b>Please make checks or money orders payable to Groves Academy.</b> <input type="checkbox"/> I have enclosed a check for the total class fees. <input type="checkbox"/> Please charge my credit card for the total class fees on August 2 <sup>nd</sup> , 2010 <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard   Card # _____ Exp. Date _____ Name on card _____ Signature _____			<b>Subtotal</b>	\$
<input type="checkbox"/> Billing address is the same as above <input type="checkbox"/> Different billing address (please write on back)			<b>All Three Workshops Discount</b>	- \$
			<b>Total</b>	\$