Workshop Registration Form

Basic Principles and Practices of the Reggio Emilia Approach

Name _____

Preferred Address _____ ☐ Home ☐ Work

City _____ State _____ Zip _____

Home Phone _____

Affiliation _____

Email Address *(You will receive a confirmation via email)*

_____

Workshop Information:

☐ **Sat, November 18, 2017 (9:00 - 3:30 pm · Advent School, 15 Brimmer Street – Boston, MA 02108)**

☐ **Sat, March 10, 2018 (9:00 - 3:30 pm · Charlestown Nursery School, 124 Main Street – Charlestown, MA 02129)**

☐ **Sat, April 7, 2018 (9:00 - 3:30 pm · Advent School, 15 Brimmer Street – Boston, MA 02108)**

Cost: $150

Payment Method:

☐ **Check:** Please make checks payable to: *Lesley University*

☐ **Purchase Order:** (original must be attached) P.O. Number is: _____

☐ **Credit Card:** I authorize Lesley University to charge my credit card.

☐ American Express ☐ Discover ☐ MasterCard ☐ Visa

Card Number and Expiration Date _____

Cardholder's Name _____

Cardholder's Signature _____

Mail the registration form and payment to:
Carol Campos, Event Manager
29 Everett Street - Cambridge, MA 02138-2790

Cancellation Policy: *If a participant must cancel registration, a refund less a $25 processing fee will be granted if a written request is received 14 days prior to the event start date.*

Lesley UNIVERSITY