



C.L.A.S.S. EDUCATOR WORKSHOP

Creating a Trauma-Sensitive Classroom

MONDAY, MARCH 4, 2019

REGISTRATION FORM

REGISTRATION INFORMATION

SCHOOL NAME

DISTRICT NAME

NAME

TITLE / GRADE LEVEL

E-MAIL ADDRESS (REQUIRED)

NAME

TITLE / GRADE LEVEL

E-MAIL ADDRESS (REQUIRED)

NAME

TITLE / GRADE LEVEL

E-MAIL ADDRESS (REQUIRED)

NAME

TITLE / GRADE LEVEL

E-MAIL ADDRESS (REQUIRED)

NAME

TITLE / GRADE LEVEL

E-MAIL ADDRESS (REQUIRED)

NAME

TITLE / GRADE LEVEL

E-MAIL ADDRESS (REQUIRED)

HOW TO REGISTER

POSTAL MAIL:

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

ONLINE:

You may register online at
www.joyofclass.org

EMAIL: Email completed form to
jeff@joyofclass.org

ADDITIONAL INFORMATION

If registering more than 6 attendees for the workshop using this form, please copy this registration form to use.

Registration confirmation and workshop information will be sent to the emails provided on this form.

Please inform C.L.A.S.S. of registration replacements or cancellations at least 48 hours prior to the event.

PAYMENT INFORMATION

COST: \$69.00 per person
(Please indicate payment option)

COST is included in our C.L.A.S.S. Service Contract

CHECK, Payable to C.L.A.S.S.:CK# _____

PURCHASE ORDER: PO # _____

CREDIT CARD: Please register online at
www.joyofclass.org to use your credit card

P: 317-815-9015

E: Jeff@joyofclass.org

W: www.joyofclass.org