C.L.A.S.S. 2020 Summer Institute Registration Form (use for registering groups)





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

SCHOOL / ORGANIZATION NAME	PHONE		
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	
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E-MAIL ADDRESS (REQUIRED)			
FIRST / LAST NAME	NAME PREFERRED ON NAMETAG	JOB TITLE / GRADE LEVEL	

E-MAIL ADDRESS (REQUIRED)

HOW TO REGISTER		
\bowtie	Mail to: C.L.A.S.S.	
	P.O. Box 314	
	Carmel, IN 46082	
1	Email to: jeff@joyofclass.org	
2	Questions? Call us! 317-450-1259	
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	Registration received after
	May 1, 2020	May 1, 2020
Institute Cost	\$349	\$389

PAYMENT INFORMATION				
0	CHECK, Payable to C.L.A.S.S CK#			
O	PURCHASE ORDER—P.O. #			