



**Northeast Foundation for Children, Inc.
2012 Summer One-Day Workshop Registration Form**

To register, complete this form and submit it **with payment or a signed purchase order**. To register multiple people, complete a copy of this page for each individual who wishes to attend, plus one copy of "Payment Information" (next page) for the whole group.

First Name _____ Last Name _____
 School Name _____ Position/Grade(s) Taught _____
 Home Address _____
 City _____ State _____ Zip _____
 Home Telephone (_____) _____ School Telephone (_____) _____
 Primary Email _____
 Secondary Email _____

Lunch will be provided. Please circle any dietary restrictions: Vegetarian Vegan Gluten-free

Please check the box that corresponds to the workshop that you would like to attend:

	Overview for Administrators \$199	Responding to Misbehavior * \$199	Child Development Matters \$219	Bullyproof Your Classroom \$219
June 26: Wilmington, DE	<input type="checkbox"/>			
July 9: Chicago, IL			<input type="checkbox"/>	
July 10: Chicago, IL		<input type="checkbox"/>		
July 10: Westford, MA	<input type="checkbox"/>			
July 11: Chicago, IL				<input type="checkbox"/>
July 12: Chicago, IL	<input type="checkbox"/>			
July 16: Washington, DC	<input type="checkbox"/>			
July 23: New York, NY				<input type="checkbox"/>
July 24: New York, NY	<input type="checkbox"/>			
July 31: Charlotte, NC				<input type="checkbox"/>
August 1: Charlotte, NC		<input type="checkbox"/>		
August 7: Avon, CT				<input type="checkbox"/>
August 8: Avon, CT		<input type="checkbox"/>		
August 9: Avon, CT			<input type="checkbox"/>	

* Responding to Misbehavior is a follow-up to the week-long *Responsive Classroom* I training. Please tell us where and when you took *Responsive Classroom* I:

_____ Location _____ and _____ Date _____

Payment Information

Number of people registering _____ @ \$199 per person = \$ _____

Number of people registering _____ @ \$219 per person = \$ _____

To register you must include one of the following:

- (1) A signed copy of a school purchase order
- (2) Credit card information (Visa and MasterCard only)
- (3) A check made payable to "NEFC, Inc."

(1) ___ I am including a signed copy of school purchase order number _____ .

(2) ___ VISA ___ MC Number _____ Exp _____

Is this a personal or business card? _____

Billing Name _____

Billing Address _____

City _____ State _____ Zip _____

Name as it appears on card _____

Signature _____

(3) ___ Check number _____ is enclosed. (Make payable to NEFC, Inc.)

Contact name _____ Phone _____

Mail or fax both parts of this form, along with payment or purchase order, to:

NEFC, Inc.
85 Avenue A, Suite 204
P.O. Box 718
Turners Falls, MA 01376-0718

Fax: 877-206-3952

We'll confirm your registration by email within a week after we've received your completed form and payment. The message will include a schedule, directions, and further information about the day.

Questions? Email registration@responsiveclassroom.org or call 800-360-6332, ext 130.

Cancellation Policy: We accept cancellations received at least 7 days before the workshop date. In the event that you notify us of your intent to cancel, we will provide you with a credit to attend a future workshop, less a 10% handling fee. If you cancel less than 7 days before the start of the workshop, you will receive a credit to attend a future workshop, less a 25% handling fee. **If you discover that you will be unable to attend the entire workshop**, you may cancel through the end of the 1st day of the workshop, in which case you will receive a credit to attend a future workshop, less a 50% handling fee. After the 1st day of a workshop, cancellation will result in no credit of any kind and your tuition will be forfeited.