

## Center for Responsive Schools, Inc. One-day Workshop Registration Form

To register, please complete this form and submit it with your preferred method of payment.

To register multiple people, complete a copy of page 1 for each individual who wishes to attend, plus one copy of "Payment Information" (page 2) for the whole group.

Participant First Name	e	Last Name				
School						
District						
Position	Grade Level(s)					
Email						
	where workshop materials less for the participant to					
Street Address						
Town/City	State	e	Zip code	<u>.                                    </u>		
How did you hear abo	out this workshop?					
☐My school/district	□Colleague □Soo	cial media	□Internet search	□Marketing email		
	□Catalog/brochure	□Another pr	rofessional organizatio	on		
	available workshop, dat iveclassroom.org/cours			our website at		
Step 2: Tell us your	workshop choice*, date	(s), and time	e zone or location.			
Title of Workshop:						
Date(s): Time zone or Locati	ion:					

\*The following workshops have a mandatory prerequisite of having completed the 4-day Elementary Core Course (RCC-E) or Middle School Course (RCC-M):

Responding to Misbehavior - Improving Teacher and Student Language - Addressing Middle School Challenges Connecting Morning Meeting and Academics - Sustaining Responsive Classroom Momentum

## **Payment Information**

Workshop	Price per person	Number of Participants	Total
Introduction to Responsive Classroom for K-8 Educators	\$199		
Special Area Teachers	\$229		
Responding to Misbehavior	\$249		
Improving Teacher Student Language	\$249		
Connecting Morning Meeting and Academics	\$249		
Addressing Middle School Challenges	\$229		
Sustaining Responsive Classroom Momentum	\$229		
Leadership Seminar	\$199		
		<b>Grand Total</b>	

Contact name	Phone	
Email		
To register participants, we mus	st receive one of the following:	
Copy of an official school/di. I am including a signe	strict purchase order ed copy of purchase order number	
Check made payable to "CR	S, Inc."	
	p you want to register for on the website, enter your ticket quantity, ar yment and attendee details will be requested at checkout. We will not s	
	CRS credit on account (credit memo) on account from Credit Memo number	
	the U.S. may pay via wire transfer. To use this method please contact on will also need to pay an additional 26 USD wire transfer fee.	our
Email, mail, or fax this form, alo	ng with payment or purchase order, to:	
Center for Responsive Scho 85 Avenue A P.O. Box 718	ols, Inc. Email: <a href="mailto:registration@responsiveclassroom.org">responsiveclassroom.org</a>	
Turners Falls, MA 01376	Fax: 877-206-3952	

To learn more about registering: visit <a href="www.responsiveclassroom.org/how-to-register/">www.responsiveclassroom.org/how-to-register/</a>

For the full cancellation policy: visit <a href="https://www.responsiveclassroom.org/cancellation-policy/">www.responsiveclassroom.org/cancellation-policy/</a>

Questions? Email <a href="mailto:registration@responsiveclassroom.org">registration@responsiveclassroom.org</a> or call 800-360-6332 ext. 130