

**REGISTRATION FORM
EDUCATE THE EDUCATOR WORKSHOP**

NAME _____ SS NO. _____

HOME ADDRESS _____

E-MAIL ADDRESS _____

HOME PHONE _____ WORK PHONE _____

EMPLOYER _____

POSITION HELD _____

ADDRESS _____

WEST VIRGINIA RN LICENSE NO. _____

POST HIGH SCHOOL EDUCATION _____

REQUESTED DATE FOR WORKSHOP:

_____ JANUARY 29, 30, & 31, 2007

_____ APRIL 16, 17, & 18, 2007

_____ JULY 9, 10, & 11, 2007

_____ OCTOBER 22, 23, 24, 2007

REQUESTED REGISTRATION BY

January 19

April 6

June 27

October 12

****PLEASE INDICATE IF YOU ONLY WISH TO ATTEND THE THIRD DAY**

Please include the \$200 fee per person (\$75 for third day only) when submitting this registration. Facility checks, money orders, or certified checks (no personal checks will be accepted) should be made out to PHD, LLC, and mailed to P.O. Box 399, Ona, WV 25545 **two weeks PRIOR** to workshop date.