

Teaching & Reaching the Teenage Brain – Registration Form

***Please print and fax, e-mail, or mail to us.**

The information collected on this form is solely for the purposes of providing information on the participant. It is to be completed at the time of registration. The original form is kept in the Program Registration file, a copy is provided to the Program Facilitator for their information.

First Name: _____ Last Name _____

Address: _____

Telephone Number: (H) _____ (W or C): _____

Email Address: _____

Are you a member? **Yes** **No** **I would like to become one**

***To guarantee a spot, please submit payment in advance.**

Workshop date

Thursday only (\$45.00) **Friday only (\$35.00)**

Both Thursday & Friday (\$ 65.00)

Please remit payment with this form. Please note we only accept VISA at this time.

VISA _____ Expiry Date ____ / ____

CHEQUE Please Make Cheque Payable to Learning Disabilities Association of York Region, (or to LDAYR)

CASH (Please DO NOT Mail Cash)

All payments are non-refundable