

Registration Form

Complete this form and FAX all pages to: 866.229.3454

You will receive a confirmation of registration by email.

If you prefer to register by phone: Call Karen at 805.755.5565.

Workshop: McGrath **SUCCEED TOT Course** (Two Sessions - Total of five days)

Location: CALIFORNIA - San Mateo County Office of Education
101 Twin Dolphin Dr., Redwood City, CA 94065

Dates: Session 1: March 22, 23 & 24, 2010 (3-day session)

Session 2: June 29-30, 2010 (2-day session)

Registration Fee: \$ 2,500.00 per person*

*Registration Fee includes: Continental Breakfast, Lunch and Afternoon Snacks

Daily Schedule: 8:00 am Continental Breakfast

8:30 am - 5:00 pm Course, Evening Homework Day One and Two

Today's Date: _____ Individual Registration OR Group Registration

I am registering _____ person(s) at \$2,500.00 per person(s) = Total payment of \$_____

Method of Payment - 3 options: PO#, Credit Card (MC or Visa) or Check

OPTION 1: PO # _____

OPTION 2: Pay by (**MC or Visa**) credit card # _____

Name on Card _____ Exp _____ Security Code on back _____

OPTION 3: I have mailed a check to: McGrath Training Systems, PO Box 5668
Santa Barbara, CA 93150 **AND faxed a copy of this registration.**

Billing Address - Send Invoice or Receipt to:

Organization _____

Attention to _____ email: _____

Street _____ City _____ State _____ Zip _____

Individual or Group Registration:

Please provide complete information for EACH participant.

Confirmation of course registration and workshop details will be sent by email to each participant.

Upon completion of course a McGrath Certificate of Completion will be sent to each participant.

Please make copies of this page if necessary.

If address or school site is the same for multiple participants - you may enter "same as above."

PLEASE PRINT CLEARLY - Thank you

Participant Name _____ Work Phone _____

Org / District Name _____

Job Title _____

Dept or School Site _____

Participant Work Site Address _____

City _____ State _____ Zip _____

Email Address _____

Alternate Email Address (Required) _____

Participant Name _____ Work Phone _____

Org / District Name _____

Job Title _____

Dept or School Site _____

Participant Work Site Address _____

City _____ State _____ Zip _____

Email Address _____

Alternate Email Address (Required) _____
