

Core Knowledge Preschool Institute Registration Form New York, NY 2009

1. PERSONAL INFORMATION

Name _____ Position _____

Institution/Preschool _____

Address School Home _____

City _____ State _____ Zip _____

Tel. (School) _____ Tel. (Home) _____

Email _____

2. REGISTRATION AND FEES

	Registration Deadline	Training Dates	Total
Phonological Awareness	December 3, 2009	December 10-11, 2009 8:30am-3:30pm	<input type="checkbox"/> \$325

3. PAYMENT

Check Enclosed (Payable to the Core Knowledge Foundation)
Mail to: **Preschool Department, 801 East High Street, Charlottesville, VA 22902**

Purchase Order (You may fax your registration and payment information to **434 977-0021**)

Purchase Order # _____

Credit Card Visa Master Card Amex Discover

Name on Credit Card _____

Credit Card Billing Address _____

Credit Card Number _____

Expiration Date _____ CVV Code _____

Signature _____