

Registration Form

Toxic Childhood: Sue Palmer

April 19, 2008

Name: _____

Position/Title: _____

School: _____

Email Address: _____

Phone: _____ Fax: _____

School Address: _____

Home Address: _____

My check in the amount of _____ \$125.00(Early Registration) \$150.00
(Late Registration) made out to MCI is enclosed.

Please charge my credit card # _____
Expiration date _____ CVV# _____.

I am interested in taking this workshop for university credit.

Lunch (included) Vegetarian Non-vegetarian Special Diet

Please return form to:
Montessori Centre International
9351 East Arbor Drive
Greenwood Village
CO. 80111
Tel.:303-5237590
Fax: 303-2240708
Email: pb@mcidenver.edu
www.mcidenver.edu