

Workshop Registration Form

(Please fill out this form COMPLETELY and please print carefully. Registration is not complete until you receive a confirmation email or telephone call. Returned checks are subject to a \$30 additional fee)

Name: _____

Address: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Licensure or certification: _____ If none, why do you wish to take this workshop? _____

Workshop Title: _____

Location: _____ Date of workshop: _____

Credit Card Type: MC Visa DISC Number: _____

Expiration Date ____/____ Code: _____ Name on Card: _____

Amount to be billed to card: _____

STAR Workshop (February 1-3, 2018 Early Bird- \$350; Regular after Dec 31, 2017- \$425; At the door \$500.

Signature: _____