

Workshop Registration Form

Workshop Title

Date of Workshop

First Name

Last Name

Position

School/Agency

Phone

School Address

City

State

Zip

Please indicate if you have special needs, i.e. wheelchair, etc. _____

\$ Workshop Fee

Checks payable to L.E.A.S.E.

Fee waived for parents in L.E.A.S.E. Cooperative. Please check box.

Send registration form and fee, if applicable, to:

L.E.A.S.E

1009 Boyce Memorial Drive

Ottawa, Illinois 61350

815-433-6433

815-433-6164 (fax)