

Registration

Name: _____

Address: _____

Tel. (Evenings): _____

Tel (Day): _____

E-mail: _____

The best time to contact me is:

Date	Course	Circle applicable course and Value
June 21 - July 2	Early Childhood Intensive	Before 5/20/10 \$680 After 5/20/10 \$750
Book	Conversations with RS on Health & EC	\$17
July 11-24	TT Grade School Intensive	Before 6/01/10 \$1,300 After 6/01/10 \$1,500
July 14-17	Grade 1 Class Teacher Deepening Conference	Before 6/01/10 \$440 After 6/01/10 \$500
July 14-17	Grade 4 Class Teacher Deepening Conference	Before 6/01/10 \$440 After 6/01/10 \$500
July 18-21	Grade 5 Class Teacher Deepening Conference	Before 6/01/10 \$440 After 6/01/10 \$500
July 18-21	Grade 7 Class Teacher Deepening Conference	Before 6/01/10 \$440 After 6/01/10 \$500
Book	Evil inc S & H	\$24
Book	Essentials of Education	\$17
Book	How to Know Higher Worlds inc S & H	\$18
Book	Waldorf Education & Adolescence	\$15
August 26-30	Foundation Conference	Before 7/31/10 \$275 After 7/31/10 \$325
Course Fee	If Paid By	-\$ <input style="width: 50px;" type="text"/> \$ <input style="width: 50px;" type="text"/>
Course Fee	If Paid After	-\$ <input style="width: 50px;" type="text"/> \$ <input style="width: 50px;" type="text"/>

Cancellation, unless within 30 days of the Course, entitles you to 60% refund of Course fees, and refund of Accommodation payment less \$6 per night. There are no refunds within 30 days of the Course..

Accommodation Requirements:

Please check and fill out all the boxes that pertain to you.

I will arrange my accommodation with friends.	
Single room with bath in private home @ \$39 per night	
Single room in private home [shared bath] @ \$33 per night	
Shared room & bath in private home @ \$29 per night	
I wish to share with:	
I have allergies to pets.	
I am a non-smoker/smoker	
Please send me a list of local hotels—email preferred	

If there are no vacancies for your choice please indicate alternative with a number (2) or cancel () my accommodation requirements.

Travel Requirements:

Please check and fill out all the boxes that pertain to you.

I will bring my own transport	
I require airport shuttle	

Flight Information

Date of Arrival	Time of Arrival	
Airline		
Date of Departure	Time of Departure	
Airline		

On Arrival at PDX you must call 503-358-5354 for Prearranged Transportation

Refreshments for payment will be provided at the conference.

Conference Time Table will be sent on receipt of registration

Pick up from Portland International Airport	\$20
Return to Portland International Airport	\$20
Total Payment Enclosed	\$