



MAIL TO: Parents Toolshop Consulting, Ltd.
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 ON-LINE: <http://www.parentstoolshop.com/HTML/ClassRegister.htm>

Secrets for Empowering AnyParent Workshop Registration Form

PLEASE PRINT:

Name of Participant(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Fax: _____

E-mail: _____

Where did you hear about Parents Toolshop? _____

Ages of your children? Tot (1-5) Tween (6-12) Teen (12-18)

Which class are you registering for?

- Dayton Location (Access For Youth) - Sat. July 19th & August 16th, 2008
- Columbus Location (Columbus School For The Blind) - Sat. July 26th & August 30th, 2008

Class fee = \$15/classroom hour: (Choose ONE)

	Price	Total
<input type="checkbox"/> Individual (2-Saturday workshop)	\$180.00	_____
<input type="checkbox"/> Couple (same household)	\$270.00	_____
<input type="checkbox"/> Toolshop® graduate	\$90.00	_____
<input type="checkbox"/> Toolshop® graduate Couple	\$135.00	_____
<input type="checkbox"/> CEU participant (SW, CNSL, MFT, CFLE, ECE, foster parent)	\$126.00	_____
<input type="checkbox"/> Group Discount: 4+ people registering at same time* Names of participants:	\$126.00 each	_____

1. _____
2. _____
3. _____
4. _____

Need a book? <i>The Parents Toolshop</i> (\$5 off SRP) \$24.95 + 6.5% tax + S&H	\$30.75	_____
	TOTAL	_____

Method of Payment:

- MAIL Check or money order payable to "Parents Toolshop Consulting" Check # _____
- FAX Credit Card: (Visa/MasterCard/Discover/Novus) Name on card: _____
 Billing address (if different from above) _____
 Credit Card # _____
 Last 3 #s on back of card: _____ Expiration Date (mo/yr): _____
 Signature (if mailing/faxing): _____