



MAIL TO: Parents Toolshop Consulting, Ltd.
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 FAX TO: (credit card orders) 937-748-4620
 CALL (credit card orders/book pick up) 937-748-4541
 ON-LINE: www.parentstoolshop.com/HTML/2DaySecretsRegister.htm

Secrets For Empowering Any Parent Workshop Registration Form

Thursday September 3rd and Friday September 4th, 9 a.m. to 4 p.m.
 Location: Manchester Inn, 1027 Manchester Ave, Middletown, Ohio 45042-1999
 Register By 12pm US Eastern Time, August 28, 2009 To Guarantee Your Space

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)

Class fee = \$20/classroom hour: (Choose ONE)

	Price	Total
<input type="checkbox"/> Individual (2-Saturday workshop)	\$240.00	_____
<input type="checkbox"/> Couple (same household)	\$360.00	_____
<input type="checkbox"/> Toolshop® Graduate	\$120.00	_____
<input type="checkbox"/> Toolshop® Graduate Couple	\$180.00	_____
<input type="checkbox"/> CSB Clients, CEU Participants, and ALL Foster Parents	\$120.00	_____
<input type="checkbox"/> Group Discount: 3+ people registering at same time*	\$168.00 each	_____

- Names of participants:
1. _____ 2. _____
3. _____ 4. _____

<i>The Parents Toolshop Book (recommended but not required)</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): _____

Refund policy: 30+ days advance = 100% refund. 15-29 days = 50% refund. 7-14 days = 25% refund. 2-6 days = 10% refund. 2 days or less = no refund