



COPY & EMAIL TO Parents Toolshop Consulting, Ltd.
 P.O. Box 343 ~ Springboro, OH 45066
FAX TO: 937-748-4620 (for credit card orders)
CALL: 937-748-4541 (for credit card orders/book pick up)
ON-LINE: <http://www.parentstoolshop.com/HTML/TIPSRegister.htm>

T.I.P.S. Parenting Class Registration Form

6 Mondays, April 12 through May 17, 2010 - 6:00 to 9:00 p.m.
 Kettering Medical Center - Cafeteria Dining Room 2b (Dining Room 1 on May 3)
 3535 Southern Boulevard, Miamisburg OH 45429

PLEASE PRINT:

Name of Participant(s): _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Daytime Phone: _____ Fax: _____
 Email: _____
 Referred by: _____

Class Fee: \$15/hr (Choose ONE)	Price	#	Total
INDIVIDUAL (6-week program/18 hrs.)	\$270.00	_____	_____
50% discounts – check the <input type="checkbox"/> Toolshop Graduate <input type="checkbox"/> AFY Foster Parents discount you qualify for <input type="checkbox"/> KHN staff/client	\$135.00	_____	_____
COUPLE (spouse or parenting partner automatically attends at 50% off)	\$405.00	_____	_____
50% discounts – check the <input type="checkbox"/> Toolshop Graduate <input type="checkbox"/> AFY Foster Parents discount you qualify for <input type="checkbox"/> KHN staff/client	\$270.00	_____	_____
GROUPS 30% discount (3+ registrations at once, specify # in quantity)			
Names of participants: _____	\$189.00	_____	_____
CEU PARTICIPANT (CFLE, SW, CNSL, MFT, Foster Parents) – 30% off	\$189.00	_____	_____
Need a Book? <i>The Parents Toolshop Book</i> (\$29.95 + tax)	\$32.05	_____	_____
Shipping & Handling			
<input type="checkbox"/> Please ship the book by USPS Media Mail (2-4 days)	\$6.75	_____	_____
Do you want a pre/post skill assessment and report?	\$50.00	_____	_____
Ages of children? <input type="checkbox"/> Tot (1-5) <input type="checkbox"/> Tween (6-11) <input type="checkbox"/> Teen (12-18)	TOTAL	_____	_____

Method of Payment

Check/Money Order (payable to “Parents Toolshop Consulting”) Check #: _____

Credit Card (Visa/MasterCard/Discover/Novus) Name on Card: _____

Billing Address (if different from above): _____

Credit Card #: _____ Exp. Date: _____ Last 3 #s on back of Card: _____

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

Signature (if mailing or faxing): _____ Date: _____