

# Enrollment Form

Enroll early! Workshop space is limited.  
Please allow 3 to 4 weeks for your written confirmation to arrive.

## Student Information

Social Security or Social Insurance #:   
Remains confidential - your customer number

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

## Workshop Choice

1st choice:  (Workshop Code#)

City, State: \_\_\_\_\_

2nd choice:  (Workshop Code#)

City, State: \_\_\_\_\_

**Send this form & payment to:**  
**Center for Innovation in Education**  
**P.O. Box 2070**  
**Saratoga, CA 95070-0070**  
**Fax: (408) 725-8146**  
**Phone: (800) 395-6088**  
**www.center.edu**

## Course Fees

\$350.00 per person if paid in advance of the first day of the workshop.

\$375.00 per person if paid on or after the first day of the workshop.

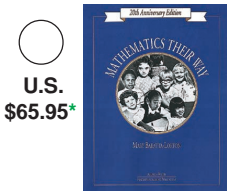
- There is an additional \$225.00 fee for participants choosing the Loyola Marymount credit option. This is to be paid directly to Loyola Marymount at the time of the workshop.

### CANCELLATION POLICY

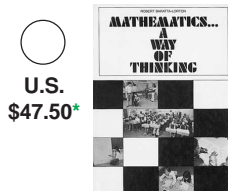
- All cancellations must be made two weeks prior to the workshop.
- A cancellation fee of \$25 per person will be charged.
- Cancellations received after the 2 week deadline will not receive a refund.

## Course Texts

Enrollment fees do not include the price of the book. All book orders are shipped UPS. Allow 7-10 business days for shipping. UPS cannot ship to Post Office boxes.



97-1191\*  
Math Their Way (K-2)



97-1192\*  
Math a Way of Thinking (3-6)

\* CA residents please add sales tax.

## Method of Payment (choose one)

- Check**
- Check must accompany this form.
  - Make payable to "Center for Innovation in Education".
  - Canadian & Foreign enrollees must pay by money order in U.S. funds.

- Credit Card**
- Visa or MasterCard only.
  - Your statement will show the charge as "CTR FOR INNOVATION IN"

Card Number:

Card Holders's signature: \_\_\_\_\_ Expiration date: \_\_\_\_ / \_\_\_\_  
mo. / yr.

Card Holder's Name/Address if different from above: \_\_\_\_\_ Card Holder's Phone: \_\_\_\_\_

- Purchase Order** • Purchase order must accompany this form. P.O. # \_\_\_\_\_

School District Name: \_\_\_\_\_ District Phone: \_\_\_\_\_