

PARENT WORKSHOP

October 14, 2011 (9am – 5pm)

REGISTRATION FORM 2011-2012

Name:

Spouse/Second Guardian Name:

Child's primary problem (if applicable):

Home Address:

City, State, & Zip:

Primary Phone:

Email Address:

Spouse/2nd Guardian Address:

City, State, & Zip:

Workshop Cost:

1 PARENT/GUARDIAN- \$250

2 PARENT/GUARDIANS - \$300

To Complete Registration:

Pay by credit card:

Please fax the completed registration form to: 215-746-3311 and call Kristin Benavides or Julie Harrison at 215-746-3327 with a VISA/Mastercard.

Pay by check:

Check Money Order

Please send the completed registration form and a check or money order payable to "CPUP" to:

**University of Pennsylvania
COTTAGE
ATTN: Dr. Khanna
3535 Market Street, Suite 600
Philadelphia, PA 19104
215-746-3327**

** All workshop sessions will be video recorded but aimed to speakers, not audience. Voice may be heard.*