

Core Knowledge Preschool Institutes Registration Form Towson, Maryland 2008

1. PERSONAL INFORMATION

Name _____ Position _____

Institution/Preschool _____

Address School Home _____

City _____ State _____ Zip _____

Tel. (School) _____ Tel. (Home) _____

Email _____

2. REGISTRATION AND FEES

	Registration Deadline	Training Dates	Total
Autonomy, Social Skills, and Work Habits	September 22, 2008	September 25-26, 2008 9am-4pm	<input type="checkbox"/> \$350

3. PAYMENT

Check Enclosed (Payable to the Core Knowledge Foundation)
Mail to: **Preschool Department, 801 East High Street., Charlottesville, VA 22902**

Purchase Order (You may fax your registration and payment information to **434 977-0021**)

Purchase Order # _____

Credit Card Visa Master Card Amex Discover

Name on Credit Card _____

Credit Card Billing Address _____

Credit Card Number _____

Expiration Date _____ CVV Code _____

Signature _____

4. TRAINING LOCATION

**Abilities Network
8503 LaSalle Road
Towson, MD 21286
(410) 828-7200**

5. Hotels

**Holiday Inn
1100 Cromwell Bridge Rd
Towson, MD 21286
(877) 786-9480**

**Sheraton Baltimore North Hotel
903 Dulaney Valley Road
Baltimore, MD 21214
(410) 321-7400**