

**WORKSHOP REGISTRATION FORM  
CLOSING THE ACHIEVEMENT GAP  
FOR STUDENTS WITH DISABILITIES**

**Personal Information**

(All fields are required)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

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

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

(Number)

(Street Name)

(City)

(Zip Code)

Phone1: \_\_\_\_\_ Phone2: \_\_\_\_\_

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

**Educational Interest/Workshop Strand(s) {Select One}:**

Elementary

Middle School

High School  All

**Date**

**March 7, 2012**

(Registration begins at 8:00 a.m. Institute begins at 8:30 a.m., ends at 3:30 p.m.)

**Location**

Ontario Hilton, 700 North Haven Avenue, Ontario, CA 91764, 1 (909) 980-0400

**Cost**

\$325 per person until March 1, 2012

\$395 per person on or after March 2, 2012 (*subject to space availability*)

All materials included.

Continental Breakfast and lunch included: vegetarian meal \_\_\_\_\_.

**Method of Payment**

\_\_\_ District Purchase Order (PO# \_\_\_\_\_ )

\_\_\_ Prepayment: Check/Warrant

**Mail Payment to: Total School Solutions, 4751 Mangels Blvd, Fairfield, CA 94534**

(Purchase Order, Credit Card Authorizations and Payments should be received by March 1, 2012)

**Cancellation Policy**

- **Cancellations received by February 24, 2012 will be subject to a \$50 fee.**
- **Cancellations received on or after February 25, 2012 and “No Shows” at the workshop will be subject to the full registration fee.**
- **All cancellations must be submitted in writing.**

***Your Signature:*** \_\_\_\_\_

***I understand and accept the cancellation policy.***

Fax completed and signed registration form to TSS at 707.422.6494

or email a scanned copy to: [workshops@totalschoolsolutions.net](mailto:workshops@totalschoolsolutions.net)