The registration fee is $395.00* per person for 5 full days.

The fee includes all sessions, an extensive resource handbook, CD-ROM of Dr. Taylor's **AHA! Model** for Curriculum Writing, personalized certificate of attendance, and morning refreshments.

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Pre-registration is required due to limited enrollment. Dr. Taylor *personally* conducts each institute; therefore, a limit is necessary to give each registrant maximum benefit of the workshop. Full payment is due in order to preregister. When faxing the registration form, the original fax and fee must be received within 10 days of transmitting fax, otherwise your place will be released. When calling to register, your registration form and fee must be received within 10 days of the call. Registration may be transferred to another participant. **If a cancellation is made more than 14 days prior to the institute, refund will be paid less a $50.00* non-refundable fee. No refunds will be granted if cancellation is made less than 14 days prior to or after the starting date of the institute.** Purchase orders are welcome. Also, you may delay billing to use 2004-05 funds when using a purchase order. MasterCard and VISA credit cards are accepted. A confirmation, which will include information concerning specific workshop details, will be mailed upon receipt of registration. In addition, you can print out specific information from the website at www.RogerTaylor.com

①**Phone**: 630-852-8863

②**Fax**: 630-325-3281

③**Website**: www.rogertaylor.com

④**Mail To**:
Curriculum Design For Excellence, Inc.
P.O. Box 4505
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Registration Form

(Please Type or Print)

I wish to register for the following Summer 2004 Institute:

❑ Kansas City, Missouri
July 19-23, 2004

Return Registration Form with check payable to:
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You may also register with a VISA or MasterCard number:

Credit Card #_____Exp.Date_____

Name on Credit Card:_____

Type of Credit Card: ❑ VISA ❑ MasterCard

Signature:_____

***All fees are in US Dollars**

Name_____

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School Name_____

School Mailing Address_____

City_____State_____

Zip Code_____School Phone_____

Position_____

Subject_____Grade Level_____

Email address_____

Fax number_____

Total Institute Fee of $395.00* Enclosed_____

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