

Through the ARTS 2009 Summer Institute

July 22 - 24, 2009 in Orlando, Florida

REGISTRATION FORM – School TEAMS

School Name _____ County _____

Principal's Name _____

School Address _____

City _____ State _____ Zip _____

Email address: _____ Phone: (____) _____

(Please note that communications will take place during the summer months.)

Team Members names, positions (e.g. 2nd grade teacher) and summer email:

What aspect of the **Through the ARTS 2009 Summer Institute** is of most interest to your school?

What do you hope to accomplish at your school as a result of participation?

Registration:

Registration fee is \$325/participant.

This fee includes all materials, coffee breaks, and Wednesday lunch. Payment must be made in advance. To obtain a refund, a written refund request must be received by July 8. A \$50. administrative fee will be assessed on all cancellations.

School Teams may register their entire team by completing one **School Team Registration Form**.

Checks should be made payable to **Mary Palmer & Associates, LLC** and sent along with your completed Registration Form to 11410 Swift Water Cr. Orlando, FL 32817.

Questions? Please email us at MPalmerAssoc@aol.com.

For updates, please visit our Website at www.marypalmer.org.