

Lindamood-Bell® Workshops Registration Form

REGISTRANT INFORMATION

Preferred mailing address, email address, and phone (check one): Home Work (registration confirmation will be emailed to your preferred email address)

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Home Phone: _____ Home Email: _____

Position/Title: _____

Work/Business Name: _____

Work/Business Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Work Phone: _____ Work Email: _____

Emergency Phone*: _____ *Used if workshop location changes unexpectedly.

Please Print

WORKSHOP SELECTION & PRICE

See www.LindamoodBell.com for current prices.

Location (City): _____

Date(s): _____

- | | | |
|--|------------|-------|
| <input type="checkbox"/> Advanced Workshop (LiPS®, V/V®, SI™) | Phone Only | |
| <input type="checkbox"/> Visualizing and Verbalizing® for Comprehension (V/V®) | \$ | _____ |
| <input type="checkbox"/> Talkies® | \$ | _____ |
| <input type="checkbox"/> Seeing Stars® (SI™) | \$ | _____ |
| <input type="checkbox"/> Lindamood Phoneme Sequencing® (LiPS®) | \$ | _____ |
| <input type="checkbox"/> On Cloud Nine® Math (OCN™) | \$ | _____ |
| <input type="checkbox"/> Sensory-Cognitive Assessments | \$ | _____ |
| <input type="checkbox"/> 1-Day V/V® | \$ | _____ |
| <input type="checkbox"/> 1-Day SI™ | \$ | _____ |
| <input type="checkbox"/> 1-Day LiPS® | \$ | _____ |

Ways to Save

- Bring your Manual!*** If you already own the teacher's manual for a workshop, bring it to the workshop and deduct from your registration: \$70 for LiPS®, \$26 for Seeing Stars®, Talkies®, and OCN™, \$145 for LAC-3 kit, and \$26 for the second edition of the V/V® manual.
- Subtotal \$ _____

- Register for Multiple Workshops!***
Save 5% for registering for 5 or more days of workshops.
- OR
- Register as a Group!***
Save 5% for registering 5 or more participants at the same time, with a single payment.

AND

- Be an Early Bird!***
Save 5% on registrations and payments received 4 weeks before the start of the workshop.
- \$ _____

Total \$ _____

*Note: Ways to Save do not apply to 1-Day Workshops

PAYMENT INFORMATION

Check #: _____ (enclose with registration form)

Credit Card:

VISA MC DISCOVER AMEX Exp. Date _____

Card Number: _____

Print Name: _____

Signature: _____

Purchase Order (numbered and signed): enclose or fax with registration form

FOUR WAYS TO REGISTER



416 Higuera Street
San Luis Obispo, CA 93401



800-234-6224 / 805-541-3836



775-806-7036 (Fax)



www.LindamoodBell.com/register

REGISTRATION DEADLINE

Registration can be made via our website, mail, phone, or fax. Within two weeks of the start of a workshop you may only register via phone and fax, using a credit card or purchase order.

REGISTRATION CONFIRMATION

If you have not received a confirmation letter within two weeks after you register please call 800-233-1819 to check your registration status.

REFUNDS AND CANCELLATIONS

You will receive a full refund if you cancel 30 days or more before the start date of a workshop. You will receive a full refund minus a \$40 service charge if you cancel within 30 days of the workshop. You will not receive a refund if you cancel after the start of a workshop.

WK-FL-0309-FWSREG

Attendance at one or more of our workshops does not create an express or implied license to train others to conduct clinics or workshops in our proprietary educational programs, or to certify any individual in the use or administration of our programs. Lindamood-Bell® program materials are proprietary and cannot be duplicated, copied or distributed without the express, prior written consent of Lindamood-Bell Learning Processes, a California corporation. Please contact us at any time if you have any questions concerning the use or implementation of our programs by third parties.