



Regional Training & Planning Institutes

REGISTRATION FORM

Please Print Legibly

Name: _____
(If Team – attach list of participants and positions)

Position: _____

School: _____

District: _____

Billing Address: _____

Phone: _____ Fax: _____

Email: _____

Session ID# _____

Registration Fees per session:

_____ Team of 4 From one school	\$ 215.00
_____ Team of 4 from one school w/family member	\$ 200.00
_____ Individual Coach/Team Member Fee	\$ 55.00

Total Amount Due: _____

Payment Information:

Return completed registration form via mail accompanied by **check** or **money order**
OR

pay **by purchase order** and fax form with a copy of the **PO** attached. Upon receipt,
confirmations with location details will be sent to the email listed above.

Make checks payable to: SASSED/Project CHOICES
1590 S. Fairfield Ave.
Lombard, IL 60148