

GEMS™ WORKSHOPS REGISTRATION FORM

Your registration fee includes the cost of the workshop, copies of the guides/handbooks explored during the workshop and a continental breakfast and light snack or lunch daily. A confirmation packet will be mailed upon receipt of registration.

Mail to: Professional Development
River Legacy Living Science Center
703 NW Green Oaks Boulevard
Arlington, Texas 76006

Fax to: 817.860.1595

Please Print

Name _____

Address _____

City _____ State _____ ZIP _____

Work Phone _____ Home Phone _____

Fax _____ E-mail _____

Grade/Age Level You Teach _____

School/District _____

School Address _____

What do you hope to gain from the workshop(s) you attend? _____

Special Needs _____

	Workshop Title	Date	Amount
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

TOTAL _____

Method of Payment: Check Purchase Order Number MasterCard Visa

Card Number _____ Expiration Date _____

Signature _____