

Foundations of Montessori Inclusion -Registration Form
June 16 – 28th, 2019 Milwaukee, WI

Brought to you by:
*Montessori Medical Partnership for Inclusion, The Hellbruegge Foundation,
Penfield Montessori Academy and Penfield Children's Center*

Name: _____ **E-mail:** _____

Phone Number: _____ **Home Address:**

I am a:

Montessori Teacher _____

Montessori Trainer/Consultant/Coach _____

My school/training center/business affiliation is:
(name & address)

This a **public** **private Montessori school.**

I will be registering during:

- Early-bird (Until 4/15/2019) \$1,800
 General (4/16-5/15/2019) \$2,000
 Late (5/16-6/14/2019) \$2,200

I will pay:

- \$1,600 now \$900 now; \$900 by 5/15
 \$1800 before 5/1 \$1,000 now; \$1000 by 5/15
 In full (\$2,200)

I will pay electronically online at: <https://penfieldmontessori.org/inclusion/>

I am enclosing my check made out to Penfield Children's Center. I understand that my registration fee will be refundable until 5/1/2019, minus a \$100 handling fee if I notify you in writing.

I am: Vegetarian Vegan Kosher I have the following food allergies: _____

I am interested in sharing a room or Airbnb with another participant: YES NO