

## Multi-Sensory Math Workshop

Saturday, October 18, 2014, 9 am – 4 pm

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

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### Payment Method

☐ Check (enclosed—payable to Hamlin Robinson School)

☐ Credit Card No. \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CCV: \_\_\_\_\_ Amt. Paid: \$ \_\_\_\_\_

Signature: \_\_\_\_\_

Name on Card (please print): \_\_\_\_\_

Return this completed form with  
\$125 payment to Hamlin Robinson  
School.

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### Educators:

School \_\_\_\_\_

Credential(s) Held \_\_\_\_\_

Years Teaching Experience \_\_\_\_\_

### Parents:

Student(s) Grade \_\_\_\_\_

Student(s) School \_\_\_\_\_

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Questions? Call David Kipnis at 206-763-1167 or email [dkipnis@hamlinrobinson.org](mailto:dkipnis@hamlinrobinson.org).

Hamlin Robinson School  
1700 E Union St  
Seattle WA 98122

### PAYMENT AND CANCELLATION POLICY:

The Multi-Sensory Math Workshop is to be paid for at the time of registration by enclosing a check or money order with my registration form. I understand and agree that when I register, I have obligated myself to pay for the class and all other charges related to this registration. If I decide to cancel my registration, 50% of the fee will be refunded to me if I give written notice at least 10 working days before the beginning of the classes.

I have read and agree to the payment and cancellation policy.

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Signature \_\_\_\_\_

Date \_\_\_\_\_