## Learning Center at Hamlin Robinson School

## Multi-Sensory Math Workshop

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

Name			
Address	City	State	Zip
PhoneEr	nail		
Payment Method  ☐ Check (enclosed—payable to Hamlin Robinson)  ☐ Credit Card No CCV:  Exp. Date: CCV:  Signature: Name on Card (please print):	Amt. Paid: \$	\$125 payme 	s completed form with ent to Hamlin Robinson School.
Educators:	Parents:		
School	Student(s) Grade_		
Credential(s) Held	Student(s) School _		
Years Teaching Experience			
Questions? Call David Kipnis at 206-763-1167 or email <a href="mailto:dkipnis@hamlinrobinson.org">dkipnis@hamlinrobinson.org</a> .  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.			
Signature	Date		-

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