ISM School Year Workshop Registration Form

October 19-23,	2019 *	San	Diego,	СА
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Tuition DOES NOT include hotel or travel accommodations

DAT	'E: PL	EASE REGISTER ME	(US) for the foll	owing ISM Worksho	op(s): Gol	ld Member: Yes	No	
SCHOOL INFORMATION	School Name: Address: St City: St				School Pho	one ()		
Š	School Website							
	1) Workshop Name			Dates				
	Name		Name	e for Name tag		Tuition \$	-	
	Phone ()	Job Title						
	Email						-	
S	Years of private-independent school ex							
	2) Workshop Name			Dates		Location CA		
	Name		Nan	ne for Name tag		_ Tuition \$		
ATTENDEES	Phone ()	Job Title					_	
TEN	Email							
AT	Years of private-independent school ex	perience in that position	Dietary Res	trictions				
	3) Workshop Name			Dates		Location CA		
	Name		Nan	ne for Name tag		_ Tuition \$		
	Phone ()	Job Title						
	Email							
	Years of private-independent school ex	perience in that position	Dietary Res	trictions				
Ę	Check enclosed D Full Payme	ent 🔲 Bill my school						
PAYMENT	Member Gold Dollars—if there is a	a balance, bill us (Head sig	nature required be	low)	Total \$			
PA	Please call me to pay by credit ca	rd Phone Numb	oer ()					
	I	Mail, fax, or phone your re	gistration to: ISM F	rofessional Developmer	nt Coordinator			
NOI	1316 North Union St., Wilmington, DE 19806							
SSIN	WEB: isminc.com PHONE: (302) 656-4944 FAX: (302) 656-0647							
SUBMISSION	E-MAIL: workshops@isminc.com (please do not send credit card information via email) At ISM, we guarantee the quality of our workshops. If you are not satisfied with your session, ISM will credit the fee you paid toward another similarly priced workshop, or will refund it. Consent to Use of Photo/Video/Audio Registration, attendance at, or participation in ISM workshops and other activities constitutes an agreement by the registrant to ISM's use and distribution (both now and in the future) of the registrant or attendee's image or voice in photographs, videos, electronic reproductions, and audio of such events and activities.							
C≺	Tuition Payment Policy — Tuition must be pai		o the start date of the in-p	erson, group-based program. An	attendee with a balance due	on the start date of the progr	ram	
PAYMENT/CANCEL POLICY	may be denied entrance to the program until the balance is paid in full. Cancellation Policy — Cancellation requests must be made in writing by emailing workshops@ismin.com, faxing to 302-646-4944, or mailing to: 1316 N. Union Street, Wilmington, DE 19806. Cancellation must be received more than 15 business days before the start of the program for a full refund. Member Gold Dollars will also be fully refunded. There will be no refund for cancellation requests received less than 15 business days before the start of the program. For registrations paid for Member Gold Dollars, member school will receive a 50% refund. Non-payment of tuition or no-show to the event does not constitute a cancellation. Full tuition will be due and payable. The school may substitute another attendee from the school or bank the funds for a future ISM registration. Please contact the Professional Development Coordinator for more details.							
MENT/O	I have read and agree to the ISM wo	rkshop payment and can	cellation policy abo	ve.				
PAY	Participant's Signature	Head's signature if using Mer	nber Gold Dollars or is	to be billed	Date	_		

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