

## PARENTING MATTERS 2007 REGISTRATION FORM

**TO REGISTER** using this form: Mail this form with check or credit card information to the Lifespan Health Connection, 593 Eddy Street, Providence, RI 02903. Workshop confirmation and directions to **Parenting Matters 2007** will be sent to you.

### REGISTRATION FEES:

- Fees are \$25 per person
- If registration for more than one person, print another copy of this registration form or list each person's information on a separate piece of paper.
- Make checks payable to **"Parenting Matters"** and mail with your registration form to: the Lifespan Health Connection, 593 Eddy Street, Providence, RI 02903.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email: \_\_\_\_\_

Please indicate your top three workshops for each session (I and II)  
Workshop confirmation will be sent to you.

### Workshop Choices

**Session I** First Choice # \_\_\_\_\_ **Session II** First Choice # \_\_\_\_\_  
Second Choice # \_\_\_\_\_ Second Choice # \_\_\_\_\_  
Third Choice # \_\_\_\_\_ Third Choice # \_\_\_\_\_

### Form of Payment:

Check  MasterCard  VISA  American Express  Discover  
Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Cardholder's Signature \_\_\_\_\_

### Check to request professional development credits

RI Department of Education  
 RI DCYF  
 Check here to request handicap assistance.

### FOR OFFICE USE ONLY

Registration # \_\_\_\_\_