



Children Learning with Nature Institute

Three days of inspiration, insight and exploration

OCTOBER 6-8, 2019
Tenaya Lodge at Yosemite
www.childlearnnature.com

Registration Form

Please fill out one form per attendee

ATTENDEE INFORMATION

Please type or print clearly. Your badge will be printed with the information provided below:

FIRST NAME	LAST NAME
<input type="text"/>	<input type="text"/>
TITLE / ROLE	SCHOOL / ORGANIZATION
<input type="text"/>	<input type="text"/>
ADDRESS	
<input type="text"/>	
CITY	STATE / PROVINCE
<input type="text"/>	<input type="text"/>
ZIP CODE	COUNTRY
<input type="text"/>	<input type="text"/>
EMAIL ADDRESS	PHONE NUMBER
<input type="text"/>	<input type="text"/>

Note: If you require special services or dietary considerations, please contact paul_roberts@prparch.com

INSTITUTE REGISTRATION

	Single	Group*	Student**
Regular Registration <i>August 31 - September 15, 2019</i>	<input type="radio"/> \$450	<input type="radio"/> \$425	<input type="radio"/> \$290
Full Registration*** <i>September 16 - September 30, 2019</i>	<input type="radio"/> \$475	<input type="radio"/> \$450	<input type="radio"/> \$325
Late Registration <i>October 1 - Event Date</i>	<input type="radio"/> \$525	<input type="radio"/> \$495	

*Group discount is for 3 or more registrations made at the same time.

**Students must submit proof of full-time status.

***Late registration subject to availability.

Cancellation Policy: Cancellations must be submitted in writing and sent to **The Childplay Institute**, 985 Walnut Avenue, Vallejo, California 94592, or info@tcpinst.com. Cancellations are subject to a \$50 processing fee if written cancellation is received between prior to April 15, 2019; a \$100 processing fee if received by May 31, 2019 and after June 1, 2019 a \$200 processing fee for the conference.

Return this completed form with to:

The Childplay Institute
985 Walnut Avenue
Vallejo, California 94592
Phone: 707-557-2215

PAYMENT SUMMARY

Payment must accompany registration form.

Registration Fee	\$ _____
Additional Event Fee	\$ _____
Additional Event Fee	\$ _____
TOTAL	\$ _____

Checked Enclosed
(Payable to: The Childplay Institute)

Mail Invoice
PO # _____

Visa Mastercard AMEX

CARD NUMBER

CARD NUMBER CARD NUMBER

BILLING ZIP CODE

NAME AS IT APPEARS ON CARD

SIGNATURE (REQUIRED FOR CREDIT CARD PAYMENTS)