

Churchill Center & School

for Learning Disabilities

Registration for Saturday Workshop

Title of Workshop _____
Date of Workshop _____

First Name: _____ Last Name: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip Code _____

*Email address: _____

Phone number: _____

\$75.00 per person

Payment method:

_____ Check enclosed

_____ Credit Card - complete information below or call (314-997-4343, ext. 260)

Circle one:

Visa MasterCard Discover Diners American Express

Card Number: _____

Expiration: _____ / _____

CVV #: 3 digit code on back of card _____

Name as it appears on card:

Amount: _____

Mail to address below – Attn.: Mary Brotherton

*You will be notified by email once your registration is confirmed.