

COURSE REGISTRATION FORM

All Kinds of Minds

Understanding Learning and Learners Workshop - Zurich

Saturday 6th February, 2010

in collaboration with



Please complete all information...

Dr/ Mr/ Mrs/ Ms:

First Name:

Last Name:

Home Address:

City:

State/Province:

Postal Code:

Country:

Phone:

Email Address:

Job Title:

All Kinds of Minds Professional Development

Please complete this form and email it to: lilian.phillips@oakhill.ch

Or fax a copy to **+41 22 354 0141**

COURSE REGISTRATION FORM
All Kinds of Minds

Gender:

Grade level taught:

Special dietary requirements:

Organisation/ School Name:

Billing Name: (name of the person who will receive/pay the invoice)

Organisation/ School Address:

City:

State/ Province:

Postal Code:

Country:

Educational Setting (Public/ Private/ Other):

Grade levels served at your school (K-12, K-6, 7-12):

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