



Registration Form

Name: _____

Address: _____

Phone: _____

Email: _____

Educator/Parent

School District: _____

Age of Child: _____

Workshops Registering For: (Specify Title and Date)

1. _____

2. _____

3. _____

(Refer to insert for www.gradesuccessinc.com for dates and times)

Fee:

___ @ \$39 for 1 ½ hour workshop \$ _____

___ @ \$49 for 2 hour workshop \$ _____

Total Due \$ _____

Please make checks payable to **Problem Solved, Inc.**

Mail payment and this form to:

Problem Solved, Inc. — Dr. Marc Rauch
978 Route 45
Northside Plaza — Suite 204
Pomona, New York 10970

Registration must be received at least 10 days prior to workshop date. You will receive an e-mail confirmation upon receipt. One registration form per registrant.