

CHEC SPECIAL NEEDS SEMINAR REGISTRATION FORM

Please print and fax form to 720-842-4854 or mail to 10431 South Parker Road, Parker, CO 80134
Seminar Location: Parker Seminar Date: February 20, 2010

First Name _____ Last Name _____

Spouse (if attending) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Registration fee of \$30 includes attendee and spouse + 1 resource packet. Add \$5 for extra resource packet.

Qty of extra resource packets _____

Check, Money Order, visa?MC

Card # _____ Exp _____/_____

Signature for Credit Card _____

1. How long have you been homeschooling? _____

2. What is the area of special need that you are teaching? _____

3. Would you be interested in a support group for moms? A time to get together share ideas, frustrations, and pray?

Yes _____ No _____

If yes, what would be a good time?

Evenings - Yes No Which evening is best? S M T W Th F S

Saturdays ____am ____afternoon

How often would you like to meet? Circle one

Monthly Every other month Quarterly