



Maryland Center for Montessori Studies Workshop Registration Form for 2011/2012

Name: _____

School Name (if applicable): _____

Address: _____ Phone: _____

City/State: _____

I will attend the following seminars:

___ Yoga in the Montessori Classroom – January 13, 2012 (3:00-5:00 p.m.) Fee: \$30.00

___ Montessori Science Curriculum – January 14 (3:00-5:00 p.m.) Fee: \$80.00
 & January 15, 2012 (8:00 a.m. - 5:00 p.m.)

___ Montessori Movement and Music – April 20, (3:00-5:00 p.m.) Fee: \$80.00
 & April 22, 2012 (8:00 a.m.-5:00 p.m.)

___ Montessori Art – June 8, 2012 (8:00 a.m.-5 p.m.) Fee: \$80.00

TOTAL WORKSHOP FEES: \$ _____

___ Enclosed is my check for the amount specified above.

___ Please bill my credit card (indicated below) for the workshop fees specified above.

Payment method: ___ Check ___ MasterCard ___ Visa ___ American Express ___ Discover ___ Debit Card

Card # _____ Exp. ____/____/____ Signature: _____

**Please return this form and workshop fee to:
Maryland Center for Montessori Studies
10807 Tony Drive, Lutherville, MD 21093
Attn: Alison Bourdelais, Program Coordinator
Phone: 410-321-8555**