

Care to Read®
Training of Trainers
September 23-24, 2009



Training Location
North Country HealthCare
2920 N. 4th St.
Flagstaff AZ 86004

Registration

Name: _____

Organization: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Please send your registration and payment by **July 31**.
We do expect the workshop to fill early, so get your registration in as soon as possible!

Mail your Check to:
Reach out and Read, Northern AZ
PO Box 524
Flagstaff AZ 86002-0524

Payment method:

___ Check/money order (Made out to ROR, put "Care to Read" on memo line)

Payment Amount (complete)

_____ X \$25.00 = _____
(Number of Participants) (Total Amount)

A limited number of hotel rooms will be available for your stay during the conference. Hotel rooms are available on a first come basis for out of town conference attendees.

If you are attending from out of town, would you like a hotel room for Tuesday and Wednesday night?

Yes _____ No _____

For Questions please call or email Deb Martinez at 928-814-4818 or deb@rorarizona.org