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| |  | | --- | | **REGISTRATION FORM FOR THE 35th ANNUAL *WINNERS!* WORKSHOP** | | **CENTRAL NEW JERSEY MAY 14, VOORHEES MAY 15, & WHIPPANY MAY 17, 2019** | | |  |  |  |  | | --- | --- | --- | --- | | **Please make a copy of this registration form (CTL P or right click Print), fill it out, and mail it to us with your check for $209.00 (payable to Judy Freeman’s Workshops, LLC) or mail or fax it with your P.O. to the address below. YOUR REGISTRATION FEE OF $209.00 INCLUDES: continental breakfast, lunch, a fabulous conference handbook, and certificate of participation (with 5 professional development contact hours). Check-in is from 8-8:30 a.m. Program hours are 8:30am-3:15 p.m. PLEASE NOTE THE ADDRESS & FAX NUMBER:**  **SEND TO: JUDY FREEMAN'S *WINNERS!* WORKSHOPS** | | | | | **c/o Peggy Beck Haines** | | | | | **25802 Whisper Oaks Road** | | | | | **Leesburg, FL 34748-7458** | | | | | **CELL/TEXTS:** **856-296-0193** | **FAX:** **352-787-0326** | | **if unavailable, fax 732-985-5810** | | **E-mail:** [**JudyFreemansWorkshops@gmail.com**](mailto:JudyFreemansWorkshops@gmail.com) | | **Website:** [**www.JudyReadsBooks.com**](http://www.judyreadsbooks.com/main.html) | | |  |  | | --- | |  | | PLEASE FILL IN THIS FORM IN YOUR VERY BEST PRINTING! |  |  |  | | --- | --- | | **YOUR NAME** | | | **Choose One: School Library Media Specialist: Grades** | | | **Public Librarian** | | | **Classroom Teacher: Grade(s)** | | | **Special Area Teacher: Job Title/Grades** | | | **Other (Job Title/Grades):** | | | Name of Library or School | | | Work address | | | City, State, Zip code | | | Work phone | | | Work email | | | **Home address** | | | City, State, Zip code | | | **\*\* Please complete. These are important for us for contacting you.** | | | \*\*Home phone | | | \*\*Home email | | | (**NOTE:** If you use a school e-mail address, our e-mails to you could end up in your spam folder. If you find it in your spam folder, click "not spam" and save as new. If this is a problem in your school or library, please add us to your contact list and/or address book.) | | | **I AM REGISTERING FOR (CHECK ONE):** | | | \_\_\_ *WINNERS!* Central New Jersey **Tues., May 14, 2019** | $209.00 | | \_\_\_ *WINNERS!* Voorhees, NJ **Wed.,** **May 15, 2019** | $209.00 | | \_\_\_ *WINNERS!* Whippany, NJ **Fri., May 17, 2019** | $209.00 | | Total Payment | $ | | **PAYMENT METHOD:** | | | 1. Check enclosed, payable to Judy Freeman's Workshops, LLC | | | 2. Purchase Order and Check enclosed, payable to Judy Freeman's Workshops, LLC  PO number: School, Business, Office Address: PO Contact Person & Phone number: | | | **SUBSTITUTIONS & CANCELLATIONS** Substitutions are allowed at any time—just let us know. If you cancel **up to one week prior to the date of the workshop,** you are entitled to a full refund. If you cancel **within one week or less** prior to the workshop date, there will be a **$10.00 cancellation fee** to handle expenses. **(Please note: If you must cancel at the last minute, we may need to deduct the cost of the food and other processing charges from your registration, depending on the venue.) After MAY 10, 2019, please call or text Peggy Haines about workshop availability at each venue to make sure there is still room.** | | | **PLEASE MAKE COPIES OF THIS FORM FOR YOUR COLLEAGUES.** | | |