

# Workshop Registration Form

Center for Children, Families and Public Policy

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Name

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Preferred Address  Home  Work

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City

State

Zip

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Home Phone

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Email Address

## Payment

**\$100 Interplay Workshop Cost**

## Payment Method

**Check:** Please make checks payable to: *Lesley University*

**Purchase Order:** (original must be attached) P.O. Number is: \_\_\_\_\_

**Credit Card:**

I authorize Lesley University to charge my credit card.

American Express  Discover  MasterCard  Visa

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Card Number

Expiration Date

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Cardholder's Name

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Cardholder's Signature

## Mail the registration form and payment to:

Event Registration  
Center for Children, Families and Public Policy  
29 Everett Street  
Cambridge, MA 02138-2790

**Cancellation Policy:** If a participant must cancel registration, a refund less a \$25 processing fee will be granted if a written request is received 14 days prior to the event start date.