

REGISTRATION FORM
2012 Ruby Payne Certification Training

Personal Information

First and Last Name _____

E-Mail Address _____

Mailing Address _____

City, State, Zip Code _____

Phone Number _____

School or Organization Information

School/Org Name _____

Mailing Address _____

City, State, Zip Code _____

Phone _____

Fax _____

Position _____

Are you interested in becoming a member of the Ruby Payne Trainer Cadre? _____

Registration Type: Hotel Package (\$100) Commuter Package (\$50)

Payment Type: Cash Check PO# _____

Will you be joining us for the Reception on Sunday evening? _____

Important Hotel Information

We will be making your hotel reservation for you. Please provide the following information:

Will you be rooming with another training attendee? ____ If yes, who? _____

*Limited spots are available - spots are filled on a first-come, first-serve basis. If the spots fill up, the remaining applicants will be placed on a waiting list. Should spots become available, we will fill them based on the waiting list.

Contact:

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