

# THE CHILD, A RIDDLE

## REGISTRATION FORM

Name:

Address:

E-mail:

Home phone:

Cell phone:

The school where you teach:

I want to register to:

- the 5-day seminar, Oct. 28-Nov. 1<sup>st</sup> Fees: 350\$ CAD
- the 3-day seminar, Oct. 30-Nov. 1<sup>st</sup> Fees: 225\$ CAD
- I would like a receipt for my tax return

● **If there is, in a school, a group of 5 or more teachers who register before the 10<sup>th</sup> of October, each teacher will benefit a discount of 50\$ for the 5-day seminar and of 25\$ for the 3-day seminar**

Here attached a check of \_\_\_\_\_corresponding to my choice

- Please, make the check to the order of **Institut Rudolf Steiner au Québec**
- Mail it with the registration form to **Michèle Arsenault, 87, Jack Rice, QC, J7A 4Z2, CANADA.**