



***Call for reservations or mail in registration form with check**

October 21, 2006 from 8:30am-12:30pm

Registration Form for **DYSLEXIA A - Z**

Name _____

Address _____

City _____ Zip Code _____

Day Telephone (____) _____

Email Address _____

Name of School District/ Business _____

Payment Information

Registration \$100 (includes parking in the UT parking garage and breakfast)

*Payments for workshop will not be refunded

Call **472-1231** to register

Make check payable to **Scottish Rite Learning Center**

Mail registration form & check to:

**Scottish Rite Learning Center of Austin
1622 East Riverside Drive
Austin, TX 78741**

FAX purchase orders to: 512-326-1877

Questions regarding registration may be emailed to
msmith_src@sbcglobal.net

