

Spring 2010 Workshops

REGISTRATION FORM

Please Select Workshop(s):

Warner__(\$20)

Levine__(\$20)

Farrell__(\$20)

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Yurman__(\$20)

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NAME:		EMAIL:	
ADDRESS:		TELEPHONE (Home)	
		TELEPHONE (office):	
City, State, Zip Code:		TELEPHONE (mobile):	

I have enclosed a check for \$ _____ payable to NYIPSP

Return to:
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