



CHANGING THE PARADIGM Conference | GROUP REGISTRATION

Agency: _____

Agency Address: _____

Contact Name: _____

Contact Phone: _____ Contact Fax: _____

Contact email: _____

GROUP RATE: \$250 per person *flat fee AFTER 1st person registers*

First person rate is: \$300 (before January 30) or \$350 (after January 30)

GROUP INFORMATION -- contact Glenda with questions 213-484-6676 x310

Name	Phone Number	Email Address

We will pay by: ___ check ___ credit card (___ Visa ___ Mastercard ___ AMEX)

Name on credit card: _____

Credit Card Number: _____ Expiration Date: _____

I authorize Echo Parenting and Education to charge my credit card for \$ _____

Signature: _____

Please return by fax by to Glenda Linares at 213-484-6646