



Kidpower Central Office  
safety@kidpower.org  
Tel (800) 467-6997 Ext. 3#  
Fax (831) 426-4480  
www.kidpower.org  
501(c)(3) nonprofit organization

## Workshop Registration

**To register:** Please print this page and send via mail to Kidpower, P.O. Box 1212, Santa Cruz, CA 95061, or via fax to (831) 426-4480 with the following information. Checks should be made out to Kidpower. To use Visa, MasterCard, Discover or American Express, please also fill out the credit card information and sign below.

We limit our workshop size and we must have your payment in order to reserve your spot.

Workshop Name **SKILLS for Child Protection - 3-Day Training** Date **Aug. 9-11, 2013** City **San Francisco, CA**

Your Name \_\_\_\_\_

Your Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_ Fax \_\_\_\_\_

Telephone: Cell \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

Organization \_\_\_\_\_ Your Title/Role \_\_\_\_\_

How did you hear about Kidpower? \_\_\_\_\_

**Payment Options** (Please initial ONE payment choice and complete information for your payment method.)

initial **I will make One Payment of \$600** -- Secure your spot and start workshop preparation right away!

- ☐ Enclosed is my **check** of \$600.00 for my workshop fee made out to Kidpower and I've added \$\_\_\_\_\_ as a (U.S.) tax-deductible donation to help provide a scholarship for a student in need.
- ☐ I would like to **charge** \$600.00 for my workshop fee and \$\_\_\_\_\_ for a donation.

initial **I will make 3 Payments of \$212** -- Mail all three (3) post-dated checks or fill-in the credit card charge date schedule below. Final payment must be made by July 8, 2013.

- ☐ Enclosed are my **3 dated checks** of \$212.00 each, for a total of \$636.00, for my workshop fee, made out to Kidpower, and I've added \$\_\_\_\_\_ as a (U.S.) tax-deductible donation.
- ☐ I would like to **charge 3 payments of** \$212.00 each, for a total of \$636.00, for my workshop fee and also \$\_\_\_\_\_ for a donation (*Donation charge date:* \_\_\_\_\_).

Please charge the first payment of \$212 immediately and schedule the next two payments for these dates:  
2nd Payment Date: \_\_\_\_\_ Third (Final) Workshop Fee Payment Date: \_\_\_\_\_

*Required for all credit card transactions*

Please charge my (circle one): Visa MasterCard Discover American Express Exp. Date \_\_\_\_\_

Card# \_\_\_\_\_ CVV2 Code \_\_\_\_\_ Signature \_\_\_\_\_  
(3-4 digit security code)