

HOMESCHOOL WORKSHOP REGISTRATION



TO REGISTER—PHONE 215.448.1286; FAX 215.448.1235.

Parents Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Day of Event Contact Phone Number _____
 E-mail address _____ Member # (if applicable) _____

1st child's name _____ Age _____
 2nd child's name _____ Age _____

Workshops are designed for children ages 7 - 14 only.

THEME	DATES	TIMES	ATTENDING
H2O-LOGY	Thursday, September 9, 2010	10:30am-3:30pm	1st Child <input type="checkbox"/> 2ndChild <input type="checkbox"/>
CLEOPATRA	Thursday, October 14, 2010	10:30am-3:30pm	1st Child <input type="checkbox"/> 2ndChild <input type="checkbox"/>
DESIGN IT, BUILD IT	Thursday, November 11, 2010	10:30pm-3:30pm	1st Child <input type="checkbox"/> 2ndChild <input type="checkbox"/>
BELOW ZERO SCIENCE	Thurs, December 9, 2010	10:30pm-3:30pm	1st Child <input type="checkbox"/> 2ndChild <input type="checkbox"/>

WORKSHOP FEES	MEMBER	NON-MEMBER
PER SESSION:	\$72 per child	\$80 per child
3 SESSION SPECIAL!	\$200 per child	\$220 per child

**Any class with fewer than 10 students registered will be cancelled and a full refund issued.*

PARENTS ATTENDANCE

The Franklin Institute offers you and accompanying children under 7, to be a part of our Homeschool Days!

- \$10 PER ATTENDEE PER WORKSHOP** _____ **# OF ATTENDEES**
 will give you, and accompanying children, access to permanent exhibits and to observe workshop while the workshop is in session.

TOTAL FEES

# of Attendees	Fee	Item	Member	Non-Member
_____ x \$_____		1 day of Workshops	\$72	\$80
_____ x \$_____		2 days of Workshops	\$144	\$160
_____ x \$_____		3 days of Workshops	\$200	\$220
_____ x \$_____		4 days of Workshops	\$266	\$293
_____ x \$_____		Parents Attendance (<i>per workshop</i>)	\$10	\$10
= \$_____		Total fees		

PAYMENT OPTIONS

Please make checks payable to The Franklin Institute, 222 North 20th Street, Philadelphia, PA 19103.

Please Check One: VISA MC AMEX DISC

Amount charged _____ Credit card # _____ Expiration date _____
 Name of cardholder _____ Signature of cardholder _____

**Please note: A \$15 fee will be assessed for returned checks.*