Bob and Aleicia Woodrick
Diversity Learning Center
Grand Rapids Community College

# Institute for Healing Racism

**For-profit Fee:** $300.00 **Non-profit Fee:** $200.00

**Please select one session: (check one)**

**2009:** [ ] Sept. 10-11 [ ] November 2-3 **2010**: [ ] Jan. 14-15 [ ] March 18-19 [ ] May 13-14

***[Day One meets 7:45 am – 5 pm * Day Two meets 7:45 am – 4 pm]***

**To complete your reservation forward your completed registration form to:**
Woodrick Diversity Learning Center, Grand Rapids Community College
Attn: Tamber Moore * 143 Bostwick Avenue, N.E. * Grand Rapids, MI 49503
**Phone:** (616) 234-4497 **Fax:** (616) 234-3458

**All Sessions are CEU Accredited.** You will receive a confirmation letter with directions and an agenda ***via email*** one week prior to the session. Participation is limited to 30. **Cancellation Policy:** There is a $25 administration fee. Four weeks prior to date receives a 100% refund, two to four weeks prior to date receives a 50% refund, less than two weeks prior to date there is no refund.

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**First Name:** _____ **Last Name:** _____

**Job Title:** _____ **Company Name:** _____

**Company Address:** _____**Birth date:** _____

**Birth date is required to ensure accuracy and retrievability of your learning records.**

**City:** _____ **State:** _____ **Zip:** _____-_____

**Phone:** (_____)_____ **Fax:** (_____)_____

**Email:** _____

**Are you a current:** GRCC student or GRCC employee **(please indicate by circling one or both)**

**Ethnicity (check most appropriate):**

[ ] Caucasian/White
[ ] Pacific Islander
[ ] Asian-American
[ ] Latino/Hispanic-American
[ ] Middle Eastern
[ ] Native American/Alaska Native
[ ] African-American/Black
[ ] Other _____

**Gender**
[ ] Female
[ ] Male

**Method of Payment:**

[ ] Check **Make check payable to:** Diversity Learning Center – ATTN: Tamber Moore

[ ] Credit Card **Type of credit card:** [ ] Master Card [ ] Visa

**Name on card:** _____ **3 Digit Code** (on back of card): _____

**Credit Card Number:** ___ ___ ___ ___ -___ ___ ___ ___ -___ ___ ___ ___ -___ ___ ___ ___ **Exp. Date:** ___ ___/___ ___

**Credit card billing address:** _____

Diversity Learning Center, Grand Rapids Community College
143 Bostwick Avenue, N.E., Grand Rapids, MI 49503
Phone: (616) 234 – 4497
Fax: (616) 234-3458
Web: www.grcc.edu/diversity

**FOR OFFICE USE ONLY**
CID: _____ CANCELATION: __ __/__ __/ _____
PAYMENT RECEIVED: __ __/__ __/_____
PAYMENT AMOUNT: $_____._____