

# **Institute for Healing Racism**

**For-profit Fee: \$300.00**

**Non-profit Fee: \$200.00**

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

**All Sessions are CEU Accredited**

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

**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

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.

**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:** \_\_\_\_\_

**Ethnicity (check most appropriate):**

<input type="checkbox"/> Caucasian/White	<input type="checkbox"/> Middle Eastern	<b>Gender</b>
<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Native American/Alaska Native	<input type="checkbox"/> Female
<input type="checkbox"/> Asian-American	<input type="checkbox"/> African-American/Black	<input type="checkbox"/> Male
<input type="checkbox"/> Latino/Hispanic-American	<input type="checkbox"/> Other _____	

**Method of Payment:**

Diversity Initiatives Services

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:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

CID: \_\_\_\_\_ CANCELTION: \_\_\_\_/\_\_\_\_/\_\_\_\_

PAYMENT RECEIVED: \_\_\_\_/\_\_\_\_/\_\_\_\_

PAYMENT AMOUNT: \$ \_\_\_\_\_.