

Registration Form for
In Bloom in New Haven
Saturday, June 3, 2017

Name: _____ Email: _____

School/Organization Name: _____

Address: _____

City/ST: _____ Zip: _____ Phone: _____

Please check one: This is my home work address.

Dietary Restrictions? None Lacto-ovo veg. Vegan Gluten-free Nut-based allergies

Please select one workshop in the morning and one in the afternoon from the following choices:

Morning Workshops

- Engaging Children with Nature through Art**
*Christine Dinella and Meridith Ahlberg,
New Canaan Nature Center Preschool, New Canaan, CT*
- Rethinking Recess for the Mind, Body and Spirit**
*Marina Pappas, Gesell Institute of Child Development
New Haven, CT*
- Bringing the Outdoors In**
Wendy Garcia, Leila Day Nurseries, New Haven, CT
- Trailside Tuesdays: First Graders Make the Outdoors
their Classroom**
Julie Norman, Flanders School, East Lyme, CT
- All Creatures Great and Small**
Pam Heaphy, Leila Day Nurseries, New Haven, CT
- Stick Play: The Power of Imagination**
*Anne Stires, Juniper Hill School for Place-based Education
Alna, ME*

Afternoon Workshops

- Learning from Walking Sticks**
Alanna Pan, Beginnings, New York, NY
- Messy Maths**
Juliet Robertson, Creative STAR Learning, Inverurie, Scotland
- The Naturally Mindful Educator: Outdoor Practices
for Centering and Self Care**
*Peg Oliviera, Gesell Institute of Child Development,
New Haven, CT*
- NatureYear's First Year**
*Rebecca Holcombe and Jill Keating Herbst, Common
Ground High School, New Haven, CT*
- Children and Nature: Design Principles for Educators**
David Sobel, Antioch University New England, Keene, NH
- Small Hands, Big Ideas: The Wonderful World of
Worms,**
Charlie Malone, Leila Day Nurseries, New Haven, CT

Registration Fees:

- Working Professional: \$125
 - Group Discount (3 or more from same organization): \$100
 - Antioch University Alumni: \$75
 - Antioch University Students: \$50
- Amount Enclosed: _____ Credit Card Cash
- Check or PO# _____

You may pay by check, credit card, or school PO#. (Complete the credit card form on the back.)

Checks & Purchase Orders should be made out to Antioch University New England. Submit this form by mail to: Peg Smeltz, AUNE, 40 Avon Street, Keene, NH 03431.

OR Scan and email it to msmeltz@antioch.edu (and call with credit card info).
OR Fax it to 603-357-0718. Questions? Call Peg Smeltz, 603-283-2301.

Credit Card Authorization Form

I authorize Antioch University New England to charge my credit card account in the following manner:

Cardholder's Name *(please print)* _____

Student's Name *(if different from cardholder name/ please print)* _____

Cardholder Address _____

Street Address

City / ST / Zip

Canadian Province *(if applicable)* _____

Amount \$ _____

Card Type: *(Check one)* Visa Mastercard Discover American Express

Card Number

Expiration Date ____ / ____

Credit Card Security Code ____ (Visa, MC, Discover-3 digits on rear of card, AE - 4 digits on front)

Cardholder's Signature _____ Date _____

Notice for Credit Card Users

In accordance with our Merchant Agreement, if a credit card was used for payment, any refund within 90 days must be made to the credit card.

Please submit this form to the appropriate office:

Admissions Office	603-283-2130	603-357-0718
Continuing & Professional Education	603-283-2301	603-357-0718
Student Services Office	603-283-2490	603-357-7563