LHA Teacher Workshop Programs Registration Form

To attend any of these programs, please fill out the form below.

Return with your credit card information or enclose a check or money order to:

Teacher Workshop Programs, Living History Association, PO Box 1389, Wilmington, VT 05363

Name		
School Affiliation (if any)		
Address		
City	State	Zip
Phone # (day)	(evening)	
Please list the names of everyone in your prices Remember to include the room prices based on the prices give		ingle or double occupancy,
I (We) wish to attend the following worksh	ops:	
#1. THE AMERICAN REVOLUTION & THE	GREAT NORTHERN VICT	rories 1777 — Choose Date
Number of people	X amount eac	ch = Total
#2. COLONIAL AMERICAN TIMES — Choos	e Date	
Number of people	X amount eac	ch = Total
#3. THE AMERICAN REVOLUTION — Choo	ose Date	
Number of people	X amount eac	ch = Total
#4. THE AMERICAN CIVIL WAR 1861 - 1865	— Choose Date —	
Number of people	X amount eac	ch = Total
#5. LIVING HISTORY CONFERENCE OF RE	SOURCES — November 1	0, 2010
		ch = Total
GRAND TOTAL O	OF AMOUNT ENCLOS	ED \$
Payment by: CHECK		AMERICAN EXPRESS
Credit Card Number		Exp. Date
Signature		