



Parent-to-Parent Workshop Registration Form



Name(s) _____

Address _____

CSZ _____

Phone(s) _____

Email (s) _____

CHADD Member Yes Class Fee = \$75

No Class Fee = \$120 (includes CHADD membership)

One scholarship is available. Scholarships are awarded based on need.
Check here if you would like to be considered for the scholarship _____.

Please check all that are appropriate:

Parent of child w/ AD/HD

Professional Field _____

Family Member Relationship _____

Person w/ AD/HD

Other Explain _____

Please include your check with your registration. Make checks payable to:
Triangle Area CHADD

Mail registration form and check to:

Triangle Area CHADD
P.O. Box 30457
Raleigh, NC 27622-0547

A confirmation letter or email will be sent to you upon receipt of your paid registration.

CLASS SIZE IS LIMITED TO 10 FAMILIES (2 PEOPLE EACH).