



Jan 24-26, 2018

Attendance all 3 days is **required**.  
 Prior to the 24<sup>th</sup>, each participant will need to complete an additional 6-8 hours of work online, asynchronously. Expect significant evening homework on Days 1 and 2.

**Day 1:** 7:45 AM to 5:00 PM  
**Day 2 & 3:** 8:00 AM to 5:00 PM

If you have any questions regarding the workshop content, times, or location, please contact the CRISS National Office.

**Prerequisites:** Prior attendance at a 4<sup>th</sup> edition Intro to CRISS workshop and completion of a Candidate Info form.

**Location:** Avoca, IL

**Cost:** \$1500 per person

**Trainer:** Anna Deese, Dir. of Ops, Master Trainer

**Max participants:** 15

**Registration Deadlines:** January 16, 2018

**How to Register:**

The registration fee of \$1500 per person is payable in advance to **EL<sup>2</sup> Project CRISS**.

Please fax or mail check, money order, purchase order, or VISA/MC/AmEx authorization (no cash; U.S. funds only), along with registration form to:

**Project CRISS, PO Box 926, Kalispell, MT 59903**

Fax: **406.758.6444**  
 Phone: **406.758.6440**  
 Email: **info@projectcriss.com**

**Team Registration**

School \_\_\_\_\_  
 District \_\_\_\_\_  
 District Contact \_\_\_\_\_  
 1. Name \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email \_\_\_\_\_  
 2. Name \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email \_\_\_\_\_  
 3. Name \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email \_\_\_\_\_  
 4. Name \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email \_\_\_\_\_

**Individual Registration**

Name \_\_\_\_\_  
 School \_\_\_\_\_  
 District \_\_\_\_\_  
 Grade/Role \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Work Address \_\_\_\_\_  
 \_\_\_\_\_  
 Work Email \_\_\_\_\_  
 Home Contact Info:  
 Phone \_\_\_\_\_  
 Email \_\_\_\_\_

**Payment Information**

- No refunds issued after January 12, 2018.
- Please email info@projectcriss.com before *mailing* payment info (check, money order).

Check or Money Order

Purchase Order # \_\_\_\_\_ (attached)

Credit Card (Visa, MC, or AmEx):

Provide an email address to which we will send an invoice to the authorized payer:

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