

REGISTRATION FOR  
Fiction & Nonfiction Reading Power  
with Adrienne Gear

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

LEVEL PRESENTLY TEACHING:

Primary ( ) Intermediate ( ) Middle School ( ) Other \_\_\_\_\_ ( )

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