Capturing Kids' Hearts® | 1

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2018-2019 Registration Details

Capturing Kids' Hearts 1 Overview

Transforming Classrooms Into High-Achieving Centers Of Learning

Capturing Kids' Hearts 1 is a power-packed professional development that will energize and invigorate you, providing skills and strategies to help you and your students achieve higher levels of success.

Capturing Kids' Hearts 1 is offered throughout the year in locations nationwide.

We're sure you'll find a date and location perfect for your group. By special request, we can also schedule a private booking (off campus) for your school or district. Contact our office for more information.

Capturing Kids' Hearts 1 is offered in two distinct professional development models. Each presents the same process, but in a different format.

Location

Harris County Department of Education

Houston, TX

Day Model Trainings

2018	2019
October 25-26	February 20-21
November 29-30	June 11-12

This professional development provides **16 hours** of continuing education contact hours.

16
CONTINUING ED. CONTACT HOURS

Get Registered Today: 1-800-316-4311

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An Investment in the Future

Day Model Pricing

Price does not include lodging.

Price to Attend Professional Development

$525 per person

Prices and dates are subject to change. Add sales tax, if applicable. Please contact our office for more information. For services performed in the state of New Mexico, sales tax applies at the rate of 5.125%.

General Information

- Each participant will be sent a confirmation letter with information on the schedule, facility, and what to bring.
- If you'd like to discuss arranging a **private booking** for your group, just contact our office at: **1-800-316-4311.**
- If you have **questions** or require further information, please contact our main office and we'll be happy to help! We are open Monday through Friday from 8:00 am until 5:00 pm CST.
- To learn more about *Capturing Kids' Hearts 1* or the **Flippen Group** and our renowned **leadership and development** processes, please visit our web-site at **www.flippengroup.com.**
- The Flippen Group is the sole source for this professional development.

Registration and Rescheduling Policies

1. All professional development registrations must be made using the *Capturing Kids' Hearts 1* registration form. To register additional participants, please use a separate sheet of paper and send it along with the registration form. To register for a different date or location, please use a new registration form.

2. All final participant names must be submitted using this form at least 14 days prior to the start of professional development.

3. To avoid rescheduling, cancellation, or no-show penalties, we recommend that you have an alternate participant ready in the event one of your scheduled participants cannot attend. However, should you need to reschedule your participants or to release registrations, please see the guidelines below:

   a. Call at least 30 days prior to the start of professional development to release or reschedule with no cancellation penalties.

   b. Any changes to registrations (reschedules or releases) made with less notice than the time frames outlined above will result in a rescheduling/cancellation charge of 50% of the full professional development fee.

   c. Any registrants who fail to attend without prior rescheduling or releasing will be charged 100% of the paid fee.

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REGISTRATION

Please select your preferred dates, complete this registration form, and fax it to 1-877-941-4700. Sessions fill quickly and space is limited. Please call to check availability for all professional development dates. You may also call us to arrange for a private booking for your group. To confirm your registration, a completed form, along with your check or a copy of your purchase order, must be received by our office. **Please make checks payable to Flippen Group.**

Primary Contact Information (Required)

Primary Contact Name

Primary Contact Position

Phone

Email

Address

City, State, Zip

Billing Information (Required)

Purchase Order #

Bill to (billing contact name)

Billing Address

City, State, Zip

Professional Development Selection

Professional Development Location and Date

Participant Information

Full Name	M/F	Campus	Email
Full Name	M/F	Campus	Email
Full Name	M/F	Campus	Email
Full Name	M/F	Campus	Email
Full Name	M/F	Campus	Email

I understand/agree with the pricing, registration, and rescheduling policies as outlined on page 2. **Only signed registration forms will be accepted.**

X

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