PAIDEIA
ACTIVE LEARNING

THE NATIONAL PAIDEIA CENTER

400 Silver Cedar Court, Suite 200
Chapel Hill, NC 27514

Phone: (919) 962-3128 Fax: (919) 962-3139
Website: www.paideia.org

Event Information

Event Title: _____

Dates: _____ Location: _____

Contact Information

Preferred Address: ☐ Work ☐ Home

First Name: _____ Last Name: _____

Position/Title: _____

School/Department: _____

District/Organization: _____

Work Street Address: _____

City, State Zip Code: _____

Work Phone: _____ Work Fax: _____

Work Email Address: _____

Home Street Address: _____

City, State Zip Code: _____

Home Phone: _____ Home Fax: _____

Home Email Address: _____

School Level (if applicable) ☐ Elementary ☐ Middle ☐ Secondary ☐ Mixed

Years of Experience with Paideia ☐ 0-1 ☐ 2-3 ☐ 4-5 ☐ 6+

Payment Information

Rate: ☐ **Individual Rate $_____ each**

☐ **Group Rate** (5 or more people) **$_____ each**

Method of Payment: ☐ check ☐ purchase order

Billing Address: ☐ same as above ☐ use below:

Organization: _____

Attn: _____

Address: _____

City, State Zip Code: _____

Payment should be made to:
The National Paideia Center
400 Silver Cedar Court
Suite 200
Chapel Hill, NC 27514

Fax: (919) 962-3139

Please fax this registration form, then mail a copy of the form with payment or purchase order.