

## Workshop Registration Form

First Name			M.I.			Last Name		
Position			Subject Taught			Grade Level		
District Name			School Name					
School Mailing Address								
City ( ) -			State			Zip code ( ) -		
School Phone Number						Home Phone Number		
Email Address								
Home Mailing Address								
City			State			Zip code		

Method of Payment			
Cost: <b>\$175 until 10/01/2021, \$195 after 10/01/2021</b>			
<input type="checkbox"/> Check (payable to <b>Argument-Driven Inquiry, LLC</b> )		<input type="checkbox"/> Purchase Order #: (Include a copy of the purchase order)	
Credit Card Payment (also available <a href="#">online</a> )			
<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Discover	<input type="checkbox"/> American Express
Account #		Expiration Date	Security Number
Name as it appears on card		Signature (for credit card only)	

☐ I have read the [ADI Workshops Cancellation & Substitutions Policy](#)

Contact Us			
<b>Phone:</b> 512-777-4099 8:30 am – 5 pm Central	<b>Fax this form to:</b> 512-599-8784 <b>Email this form to:</b> <a href="mailto:orders@argumentdriveninquiry.com">orders@argumentdriveninquiry.com</a>	<b>Mail to:</b> ATTN: Registrations 12707 Nutty Brown Rd. C-200 Austin, TX 78737	<b>Online</b> <a href="http://www.argumentdriveninquiry.com">www.argumentdriveninquiry.com</a>