

# STANLEY H. KING COUNSELING INSTITUTE at BROOKS SCHOOL

June 25 – June 30, 2010

## RESERVATION FORM

Please reserve a place for the following representative to attend the 2010 Stanley H. King Counseling Institute at Brooks School, North Andover, Massachusetts.

### PARTICIPANT

Name: \_\_\_\_\_  Male  Female

Home Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

School Phone: \_\_\_\_\_ Name for Nametag: \_\_\_\_\_

e-mail: \_\_\_\_\_

Department/Job Responsibilities: \_\_\_\_\_

### SCHOOL INFORMATION: (please print)

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School Phone: \_\_\_\_\_ School Fax: \_\_\_\_\_

Reservations must be accompanied by a check for the full tuition for each participant. Enclosed is a check, made payable to **The Brooks School/Stanley H. King Institute**, for \_\_\_\_\_ (\$1725.00. per participant; \$1650 if received by April 1) Payment includes tuition, room and board, and the use of recreational facilities.

**PLEASE NOTE: NO REFUND FOR CANCELLATION WILL BE MADE AFTER MAY 15, 2010.**

### SCHOOL OFFICIAL: (please print)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In order to ensure your reservation, please return this form together with your check as soon as possible to:

Bobbie Crump-Burbank  
The Stanley H. King Counseling Institute  
Brooks School  
1160 Great Pond Road  
North Andover, MA 01845

Tel: 978-725-6285  
Fax: 978-725-6254