

# LOOK ACROSS THE MOUNTAIN V

THRIVING IN EDUCATION AFTER THE PANDEMIC

## REGISTRATION

for February 24-25, 2022

INTERACTIVE WORKSHOPS IN GIFTED  
AND SPECIAL EDUCATION FOR  
PARENTS, TEACHERS AND STUDENTS

### REGISTRATION FEES

**\$450 Per Person**

\$400 FOR GROUPS OF 5 OR MORE

\$350 FOR STUDENTS

**Payment Policy:** Payments can be made by Visa, MasterCard, AE, Purchase Order, or a company check. Please make all checks payable to **Sundance Educational Consulting, Inc.** In the memo of the check, please write the name of the event and the event Team Contact Person.

For other payment questions, please call (505) 867-0946 or email [rbecker@spinn.net](mailto:rbecker@spinn.net).

**Substitution Policy:** Registrants can make substitutions up until the last business day before the event starts.

**Cancellation Policy:** Cancellations must be received at least 14 calendar days prior to the event start date to receive a refund and will be subject a \$200 cancellation fee if received after this date.

**Fax Registration Forms to:** (505) 867-1035

**or Email Registration Forms to:**

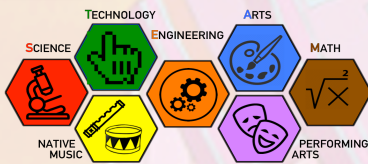
[sundance@spinn.net](mailto:sundance@spinn.net) or [rbecker@spinn.net](mailto:rbecker@spinn.net)

**Mail Payments to:**

**SUNDANCE EDUCATIONAL CONSULTING, INC.**

1 Caminito Trail • Placitas, NM 87043

**Sponsored By:**



**COVID SAFE PRACTICES FOR THIS EVENT ARE:**

LIMITED NUMBER OF ATTENDEES - REQUIRED WEARING OF MASKS  
OBSERVING SOCIAL DISTANCING

**Event Location: Isleta Resort & Casino**

11000 Broadway Blvd., SE, Albuquerque, NM

**Isleta Resort & Casino (505) 724-3800.** Group rates (up to 4 per room) are \$111 + tax, by mentioning the code 'SUN0222'.

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Contact Name: \_\_\_\_\_

School/Tribe: \_\_\_\_\_

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

City/Town: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

EMAIL: \_\_\_\_\_  
(required)

**PAYMENT INFORMATION:** ☐ CHECK ☐ PO ☐ VISA ☐ MC ☐ AMEX Expire Date: \_\_\_\_\_

Credit Card No: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Name as it appears on Card: \_\_\_\_\_

Billing Address  
of Card Holder: \_\_\_\_\_

address city state zip

Accounts Payable Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_