

Restorative Practices 101 Workshop

Location: Friendship Southeast Elementary and Middle School
645 Milwaukee Pl. SE
Washington, D.C. 20032

Date: March 24, 2023

One form per registrant. Form may be duplicated. Please type or print clearly and keep a copy for your records.

1 Registrant Information *REQUIRED

*First Name _____ *Last Name _____

*Email _____

AMLE Membership # _____

*School/Organization _____

*Address _____

home work (Use work address if purchasing an institutional membership.)

*City _____ *State/Province _____

*Zip/Postal Code _____ Country (if not U.S.) _____

*Phone (_____) _____

home cell work

Fax (_____) _____

By registering for the workshop, you grant permission for your voice and image to be used in digital form, in print, and by other means by the Association for Middle Level Education (AMLE) and you waive any rights of compensation or ownership thereto.


Please complete this important information:

Professional Position: (choose one)

- Principal Asst. Principal Teacher Library/Media Specialist
- Central Office Curriculum Guidance/Advisory State Dept of Education
- Technology University Professor Superintendent/Asst. Superintendent

Years Taught ____ Grade(s) ____ Subject(s) _____

Dietary Restrictions? _____

Check here if you have any special needs or a disability that requires special assistance. 

Need: _____

2 AMLE Membership Not an AMLE member?

Join now and save instantly on your registration! If joining, be sure to select AMLE membership rate.

Individual _____ School _____

Professional \$49.99 School Membership \$249.99

Student Membership \$14.99 (Covers entire building. Contact AMLE to add your staff members.)

A Total AMLE Membership \$

3 Registration Rates

AMLE Member \$199.99

Non-Member \$249.99

QUESTIONS? Contact membercenter@amle.org

B Registration \$

4 Payment Complete payment must be received with registration form.

Total Payment A + B = \$

Check—Payable to AMLE in U.S. funds. (\$25 fee for returned checks)

Purchase Order enclosed. PO# _____

Visa MasterCard American Express Discover

Card # _____

Exp. Date (MMYY) _____ CSV# _____

Cardholder Name (please print) _____

Authorized Signature _____

Individual registration cancellations must be made in writing by registration deadline of March 17. A \$50 processing fee will be assessed. No refunds will be issued after the registration deadline.

5 ways to register:

Web: www.amle.org/leadership

Email: membercenter@amle.org

Fax: 614-895-4750

Phone: 1-800-528-6672

Mail: 2550 Corporate Exchange Dr., Suite 324, Columbus, OH 43231