



# Institute for Healing Racism

## 2010 Registration Form

**Attendance Policy:** Attendance is critical to the Institute experience. Participants that will need to miss more than 2 sessions, or week 5, are asked to reschedule.

**Registration Policy:** Supervisors and their direct reports cannot attend the same session.

Institute for Healing Racism (10- week reflective)		
<b>Session:</b>	<input type="checkbox"/> Winter 2010	<input type="checkbox"/> Spring 2010 <input type="checkbox"/> Fall 2010
<b>Day:</b>	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Thursday
<b>Fee:</b>	<input type="checkbox"/> Non-profit \$125	<input type="checkbox"/> For-profit \$225 <input type="checkbox"/> Non-Chamber members/ additional \$50
*Partial scholarships are available based on need.		

**Cancellation & Transfer Policy**  
Cancellations made less than 10 days before the start date will not be refunded. Cancellations received 20 -11 days prior to start will be refunded, less a 20% processing fee. In addition, transfer requests must be submitted two weeks prior to the program date.

FACING RACISM (2-day intensive)		
<b>Session:</b>	<input type="checkbox"/> Feb. 4-5	<input type="checkbox"/> May 20-21 <input type="checkbox"/> June 10-11
	<input checked="" type="checkbox"/> <b>August 11-12</b>	<input type="checkbox"/> Sept. 23-24 <input type="checkbox"/> Nov. 4-5
<b>Fee:</b>	<input type="checkbox"/> Non – profit \$200	<input type="checkbox"/> For – profit \$300 <input type="checkbox"/> Non-Chamber members/ additional \$50
	<input checked="" type="checkbox"/> <b>COMPLIMENTARY – All Souls Church</b>	
*Partial scholarships are available based on need.		

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

Company: \_\_\_\_\_

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

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

Day phone: \_\_\_\_\_ Email: \_\_\_\_\_

To assist us in assuring racial diversity for optimum learning, please indicate your ethnicity:

Asian / Pacific Islander                       Black / African / African American

Hispanic     Indigenous / Native / American Indian

Middle Eastern                                       White / Caucasian / European

Other, please indicate: \_\_\_\_\_

**Return registration form to:**

Diversity Initiatives and Programs  
Grand Rapids Area Chamber of Commerce  
111 Pearl Street NW, Grand Rapids, MI 49503  
Fax: 616.771.0318 • Phone: 616.771.0321