

## **PURE's Active Parent Programs**

# **FAX-BACK RESPONSE Sheet** **to request more information** **about PURE's parent programs**

Yes,

\_\_\_\_\_

Name of school/organization

is interested in PURE's Active Parent programs.

Contact information

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

Position: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

*Please select one:*

English language only     Spanish language only     English/Spanish

## **Please fax back to PURE** **at 312-491-9404.**

We will call or e-mail you.

*Workshop topics are listed on our web site, [www.pureparents.org](http://www.pureparents.org)*

**Parents United for Responsible Education**

100 S. Morgan Street Chicago, IL 60607-2619 Tel. 312/491-9101 Fax: 312/491-9404 [pure@pureparents.org](mailto:pure@pureparents.org) [www.pureparents.org](http://www.pureparents.org)