

2016 OHIO REGISTRATION FORM

Please specify which class you wish to attend.

Class Name:						
Date of Class:		Class I	ocation:			
Name:(last)		(first)		(init		
				(initial)		
Address:(street)		(city)		(ctata)	(710)	
(street)		(city)		(state)	(zip)	
Home Phone:		E-mail:				
		COST: S		L:		
	\$475	5 if paid in full b	y May 15	5, 2016		
		Enclose \$70 deposit (non-refu \$475 Early Bird Speci \$505 Payment in Full	ndable) al (paid in fu	• •	6)	
Payment	Method:	\Box Check (enclosed)	🗆 Visa	☐ Mastercard	□ Discover	
	Checks	payable to: Educationa PO Box 147, Spring				
Credit Card Us	sers: You may fa	ax this completed form 24 ho	rs a day to: (50	07) 723-8501 or mail	to the above address.	
	-	-	-			
	Image: Arror of the second					
Exp. Date	/	-				
Signature	vments must be r	made PRIOR to the first day o	class Instruct	ors will not be able to a	accept credit cards)	
All registrations MUST inc BEFORE the first day of cl	, lude at least the lass. Confirmation	\$70 non-refundable deposit	• to reserve a p ass locations wi	lace for you in the clo Il be sent once minim	ass. All balances are due ON or um class enrollments have been	
HOW DID YOU HEAR ABO	UT US? 🗌 In	structor	Email 🗌 W	ebsite		
		e courses are designed to fulfi pproval. Credits for on-site cc			l or salary advancement when the ersity (Sioux Falls, SD).	
Educat	<u>I</u> tional Resource	f you have question s of MN, LLC at 1-800-278-	is please c 8126 or email	ontact: : info@BeAGreatTe	acher.com	