

## **2014 OHIO REGISTRATION FORM**

Please specify which class you wish to attend.

Class Nar	me:			<del></del>			
Date of Class:		Class Location:					
Name:							
(last)			(first)		(initial)		
Address:	(.11)		( 11 )		(.1.1.)	<u></u>	
	(street)		(city)		(state)	(zip)	
Home Phon	e:		E-mail:				
			COST:	\$495			
			EARLY BIRD	SPECIA.	L:		
			if paid in full b	_			
			\$70 deposit (non-refuse \$465 Early Bird Species \$495 Payment in Full	ndable) al (paid in fu	•	14)	
	Payment 1	Method:	☐ Check (enclosed)	□ Visa	☐ Mastercard	☐ Discover	
		Checks p	payable to: <b>Educationa</b> PO Box 147, Spring				
	Credit Card Use	rs: You may fa	x this completed form 24 ho	urs a day to: (5	07) 723-8501 or mail	to the above address.	
Card #	# V				erification #(last 3 digits on back of card behind the account #)		
Exp. Date/			-		(last 3 digits on back of	of card behind the account #)	
Signature_							
(	(All credit card payı	ments must be n	nade PRIOR to the first day o	f class. Instruct	ors will not be able to	accept credit cards.)	
	ne first day of cla	ss. Confirmatio		ass locations w	ill be sent once minim	ass. All balances are due ON or num class enrollments have been nss is filled.	
HOW DID YO	OU HEAR ABOU	JT US? 🗌 Ins	structor   Colleague	∃ Email □ W	/ebsite ☐ Other		

student has obtained proper prior approval.

If you have questions please contact:

Please Note: Credits earned from taking these courses are designed to fulfill the requirements for license renewal or salary advancement when the