

2020 REGISTRATION FORM

Please specify which class you wish to attend.

Class Name:						
Date of Class:		Class Location:				
Name						
Name:(last)		(first)	(first)		(initial)	
Address:						
(street)		(city)		(state)	(zip)	
Home Phone:		E-mail:				
		COST:	\$545			
		EARLY BIRD	SPECIA	L:		
	\$495	if paid in full b	y May 24	1, 2020		
		1				
		\$70 deposit (non-refu \$495 Early Bird Speci \$545 Payment in Full	ndable) ial (paid in fu		20)	
Payment N	Method:	☐ Check (enclosed)	□ Visa	☐ Mastercard	☐ Discover	
	Checks pa	ayable to: Educationa PO Box 147, Spring				
Credit Card User	s: You may fax	this completed form 24 ho	urs a day to: (50	07) 723-8501 or mail	to the above address.	
Card #	Card # Verification #					
Exp. Date /_				(last 3 digits on back of	of card behind the account #)	
Signature(All credit card payr	ments must be m	ade PRIOR to the first day o	of class. Instruct	ors will not be able to	accept credit cards.)	
the first day of class. Confirm	nation notices, ir	•	s will be sent on	ce minimum class enr	alances are due ON or BEFORE collments have been reached.	
HOW DID YOU HEAR ABOU	T US? Ins	tructor Colleague	Email W	ebsite Other_		

Please Note: Credits earned from taking these courses are designed to fulfill the requirements for license renewal or salary advancement when the student has obtained proper prior approval. Credits for on-site courses will come from Augustana University (Sioux Falls, SD).