

## ONLINE CLASS REGISTRATION

<i>Class</i>	<i>Fee</i>	<i>Start Date</i>	<i>Class</i>	<i>Fee</i>	<i>Start Date</i>
<input type="checkbox"/> Developing Accuracy & Fluency	\$95	_____	<input type="checkbox"/> Reading Readiness	\$180	_____
<input type="checkbox"/> Developing Vocabulary for Reading	\$90	_____	<input type="checkbox"/> Scientific Spelling	\$100	_____
<input type="checkbox"/> Multisensory Grammar – Advanced	\$75	_____	<input type="checkbox"/> Structure of the English Language	\$90	_____
<input type="checkbox"/> Language & Literacy for Young Learners	\$55	_____	<input type="checkbox"/> TAKS for Reading Success	\$115	_____
<input type="checkbox"/> Reading Comprehension	\$90	_____			

Please mail or fax registration form and payment (check, Visa/MasterCard or purchase order) to the Center. **Registration and payment must be received fourteen (14) days prior to the first day of class.** Class fees are not refundable. If you need to cancel a class, seven (7) days notice must be given to reschedule. After the seven-day cancellation period, the tuition fee is non-transferable. If class materials were purchased in advance, no discount will be given when enrolling in the class.

<b>Payment:</b>			
<input type="checkbox"/> Check	<input type="checkbox"/> Purchase Order ( <b>attach copy of PO</b> )	<input type="checkbox"/> Visa Card	<input type="checkbox"/> Master Card
Date _____	Account No. _____	Exp. Date _____	
Name on Card _____	Signature _____		

**PLEASE PRINT • ALL FIELDS REQUIRED**

All personal information is kept confidential and is for internal use only. A home address is mandatory in order to process your registration.

Mrs.  Ms.  Miss  Mr.  Dr.

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Nickname \_\_\_\_\_ Birthdate (Month/Day only) \_\_\_\_\_ / \_\_\_\_\_

Email \_\_\_\_\_

**An e-mail address is required to register for all online classes.**

Your street address and phone number are also required so that your class materials may be shipped to you. We cannot ship to a PO box.

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Have you ever attended a workshop at Neuhaus Education Center before? Yes \* No  \* If yes, under what name? \_\_\_\_\_

I am a:  Teacher  Parent  Dyslexia Specialist  Educational Therapist  Other \_\_\_\_\_

**PROFESSIONAL INFORMATION:**

Current Position \_\_\_\_\_ Grade Level \_\_\_\_\_

School District \_\_\_\_\_

School: \_\_\_\_\_