

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, and an incomplete registration form will not be processed.

Mrs. Ms. Miss Mr. Dr.

Last Name _____ First _____ Middle Initial _____

1st Name you go by (if different from above) _____ Birth Date (Month/Day only) _____ / _____

How would you like your name to appear on your certificate? _____

Email _____
(Please provide us with the email address at which you prefer to be contacted.)

Home Street Address (we cannot ship class materials to a PO Box): _____

City _____ State _____ Zip _____ County _____

Home Phone (_____) _____ Cell Phone (_____) _____

Have you ever taken a class with Neuhaus Education Center? Yes * No

* If yes and you could be listed under another last name or school, what would that be? _____

PROFESSIONAL INFORMATION:

Current Position _____ Grade Level _____

School District _____

School: _____

Please indicate which class(es) you will complete:

	Class Dates	Class Cost	Total
<input type="checkbox"/> Developing Accuracy & Fluency ONLINE	_____	\$95	_____
<input type="checkbox"/> Developing Vocabulary for Reading ONLINE	_____	\$90	_____
<input type="checkbox"/> Language & Literacy for Young Learners ONLINE	_____	\$55	_____
<input type="checkbox"/> Language Enrichment ONLINE	_____	\$630	_____
<input type="checkbox"/> Multisensory Grammar-Advanced ‡	_____	\$75	_____
<input type="checkbox"/> Reading Comprehension ONLINE	_____	\$90	_____
<input type="checkbox"/> Reading Readiness ONLINE	_____	\$180	_____
<input type="checkbox"/> Scientific Spelling ONLINE	_____	\$100	_____
<input type="checkbox"/> Structure of the English Language ONLINE	_____	\$90	_____
<input type="checkbox"/> TAKS for Reading Success ONLINE	_____	\$115	_____

GRAND TOTAL

‡ required prerequisite

- Please send registration form and payment at least **two weeks prior** to class start date.
- Class fees are not refundable. You may reschedule once with seven (7) days notice prior to class start date.

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