

**Book 3 Class**

Thursday, December 8, 2011 8:30 a.m. - 3:30 p.m.

Class Cost: \$100.00

**PLEASE PRINT • Completion of all fields is required in order to process your enrollment.**

All personal information is kept confidential and is for internal use only.

Mrs.  Ms.  Miss  Mr.  Dr.

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

1<sup>st</sup> Name for Nametag (nickname): \_\_\_\_\_ Birthdate (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 Address (not school) \_\_\_\_\_

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 send registration form and payment at least **one week prior** to class date.
- Class fees are not refundable or transferrable.

<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 _____