

PLEASE PRINT • COMPLETE ALL APPLICABLE FIELDS • ALL PERSONAL INFORMATION IS KEPT CONFIDENTIAL AND IS FOR INTERNAL USE ONLY.

Last Name First Title Middle Initial

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

Email (Please provide your preferred email address.)

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 INDICATE THE CLASS(ES) OF YOUR CHOICE: CLASS PRICE TOTAL

Spelling Development Self-study (2 CPE/CEU's) \$60

Book Clubs Self-study (3CPE/CEU's) \$75

Text Sets and Text Accessibility Self-study (5 CPE/CEU's) \$100

Strategies for Deepening Metacognitive Skills Self-study (2 CPE/CEU's) \$60

GRAND TOTAL:

Please send registration form and payment when you turn in completed assignments.

PAYMENT: Check Purchase Order (attach copy of PO) Visa Card Master Card AMEX Discover

Date Account No. Exp. Date CSV number

Name on Card Signature