

2017 OHIO REGISTRATION FORM

Please specify which class you wish to attend.

Class Name:					
Date of Class:		Class Location:			
Name:					
(last)		(first)		(initial)	
Address:(str		(11)		() ()	
(sti	reet)	(city)		(state)	(zip)
Home Phone:		E-mail:			
		COST:	\$505		
		EARLY BIRD	SPECIA	L:	
	\$47	75 if paid in full b	_		
	C	\$70 deposit (non-refundable) \$475 Early Bird Specion \$505 Payment in Full	ndable) al (paid in fu	•	17)
Pay	ment Method:	☐ Check (enclosed)	☐ Visa	☐ Mastercard	☐ Discover
	Checks	s payable to: Educationa PO Box 147, Spring			
Credit C	Card Users: You may	fax this completed form 24 hor	urs a day to: (50	07) 723-8501 or mail	to the above address.
Card #	rd # Verification # (last 3 digits on back of card behind the a				6 11 1: 14
Exp. Date	/	_		(last 3 digits on back	of card behind the account #)
Signature					
All registrations MU BEFORE the first d	JST include at least thay of class. Confirma		t to reserve a p ass locations wi	lace for you in the ci ill be sent once minin	lass. All balances are due ON or num class enrollments have been
HOW DID YOU HEAR	R ABOUT US?	Instructor Colleague	∃ Email □ W	ebsite Other_	

student has obtained proper prior approval. Credits for on-site courses will come from Augustana University (Sioux Falls, SD).

If you have questions please contact:

Please Note: Credits earned from taking these courses are designed to fulfill the requirements for license renewal or salary advancement when the