

## Registration for screener training ( Re-licensing)

City: \_\_\_\_\_ Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Postal address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Cell phone or after hours: \_\_\_\_\_

Email address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Training place: \_\_\_\_\_ Training dates: \_\_\_\_\_ - \_\_\_\_\_

**Registration:** (prices include tax)

**Re-certify,** **Total** \$35.00 \_\_\_\_\_

**New manuals:** needed if yours are older than 2010. \$65.00 \_\_\_\_\_

**Startup Kit** of needed consumables (worth \$154) \$100.00 \_\_\_\_\_

Total new materials, 40 overlays, new binder, manuals, and three books \$ 230.00 \_\_\_\_\_

Separated, Binder \$65.00, New Irlen Book \$18.00 Manuals \$65.00, \$ \_\_\_\_\_

2 CEU credits \$55.00 each **Pay to college** Total USD \$ \_\_\_\_\_

**Form of Payment:** Check, Cash, Money Order, Credit card, or Purchase order

Purchase Order# \_\_\_\_\_ School or organization \_\_\_\_\_

Visa or Master card# \_\_\_\_\_

Expiration date \_\_\_\_\_ Security code \_\_\_\_\_ Name on card \_\_\_\_\_

Amount \_\_\_\_\_ Signature \_\_\_\_\_

**Please mail or fax resume and payment 3 weeks before training to avoid a late fee**

To Irlen Visions, 809 Nancy Lane Chico CA 95926. Ph. /Fax 530-891-4783

[Shughes5@earthlink.net](mailto:Shughes5@earthlink.net). For more information [www.irlenvisions.com](http://www.irlenvisions.com) Facebook Irlen visions

Notes: Accommodation and transport is to be arranged independently