

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, Includes Toolkit books **Total** \$50.00 _____

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

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

New materials, 20 overlays, binder, manuals, and three books, two toolkits \$240.00 _____

Separated, Binder \$65.00, Books \$10-\$18.00 each Manuals \$65.00, _____

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. For more information www.irlenvisions.com Facebook Irlen visions

Notes: Accommodation and transport is to be arranged independently