

Registration for Screener Training

City: _____ Date: _____

First Name: _____ Last Name: _____

Postal Address: _____

Business Phone: _____ Fax: _____

Cell Phone or After Hours #: _____

Email address _____

Occupation _____

Training place _____

Training dates _____

Registration Type: (prices include tax)

_____ Regular (includes \$215 worth of materials \$475.00 _____
(Due 3 weeks before class)

_____ Recertify \$25.00 _____

_____ PASS training \$90.00 _____

_____ Late fee add \$35.00 _____

_____ Need up to date materials \$215.00 _____

_____ Start Up kit, of needed consumables \$100.00 _____

TOTAL USD \$ _____

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

_____ Purchase Order # _____

School or Organization _____

_____ Visa or MasterCard: Card #: _____

Expiration date: _____ Amount: _____

Name on card: _____

Signature: _____

Security Code: _____

Please mail resume and payment 3 weeks before training to avoid late fee

To IRLLEN VISIONS, 809 Nancy Lane Chico CA 95926. Ph/fax: 530-891-4783,

shughes5@earthlink.net, for more information www.irlenvisions.com

Notes: Accommodation and transport is to be arranged independently

