

Registration for Irlen 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: (prices include tax and new registration with Irlen International)

Training \$300.00, **Materials** \$230.00 **Total** \$530.00 _____

Discount 4 weeks before class, or two registering together \$35.00 _____

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

Two CEU credits \$55.00 each, **Pay during class for this.** Total _____

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 30 days before training to obtain a discount

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