

Registration for Irlen Screener Training On Line

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** \$250.00, **Registration** \$20.00 **Total** ____

Early registration by Sept 4 or Nov 13, \$40 discount

Startup Kit of needed consumables (worth \$215), recommended \$100.00 ____

(Includes 50 testing papers, 40 more overlays, CD.) **Total** ____

Two CEU credits, optional, \$55.00 each, Pay directly to Simpson University.

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, Email, 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.