

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** \$50.00 \_\_\_\_\_

**Registration** with Irlen Institute, includes certificate \$20.00 \_\_\_\_\_

**New manuals:** needed if yours are older than 2015. \$65.00 \_\_\_\_\_

**Startup Kit** of needed consumables (worth \$215) \$100.00 \_\_\_\_\_

**New materials,** 20 overlays, binder, manuals, and three books, two toolkits \$250.00 \_\_\_\_\_

Separated, Binder \$70.00, Books \$10-\$18.00 each, Manuals \$65.00, \_\_\_\_\_

Total USD \$ \_\_\_\_\_

**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 or fax payment 3 weeks before training**

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