

REGISTRATION FORM

Today's date _____

First name _____ Last name _____

School/District/Company _____

Address _____ City _____ State _____ Zip _____

Phone _____ E-mail _____

Course name _____ Course date(s) _____

Total fee for all attendees \$ _____

Payment method:

Check one Visa Mastercard Purchase Order Check

Credit card number _____ Name on card _____

Expiration date _____ Signature _____

Purchase order number _____

Check number (check is enclosed) _____ Amount \$ _____

How did you learn about SEDL's CPL offerings? _____

Would you like to receive other SEDL publications (check all that apply)? SEDL Letter SEDL Monthly SEDL Catalog

Are there other professional learning sessions you would like SEDL to offer? _____

The registration deadline is set specifically for each professional learning session. The registration form and payment must be received by SEDL by the registration deadline. Purchase order, check, Visa, and Mastercard are accepted.

Once your registration form and fee are received, you will receive hotel information and registration confirmation via e-mail. SEDL has negotiated a favorable rate with the hotel for your stay. You are solely responsible for booking and paying for your hotel, air and ground transportation, and all meals not provided by SEDL.

Cancellation policy:

If you or an individual in your group is unable to attend for any reason, the following fee will be assessed:

44–30 days from first date of learning session: 50% of cost of registration per person unable to attend

29–15 days from first date of learning session: 75% of cost of registration per person unable to attend

0–14 days from first date of learning session: 100% of total cost of registration per person unable to attend

GROUP REGISTRATION FORM

Course name _____ Course date(s) _____

Participant #1

Name _____ School _____

Address _____

E-mail _____ Phone number _____

Dietary restrictions _____

Participant #2

Name _____ School _____

Address _____

E-mail _____ Phone number _____

Dietary restrictions _____

Participant #3

Name _____ School _____

Address _____

E-mail _____ Phone number _____

Dietary restrictions _____

Participant #4

Name _____ School _____

Address _____

E-mail _____ Phone number _____

Dietary restrictions _____

Participant #5

Name _____ School _____

Address _____

E-mail _____ Phone number _____

Dietary restrictions _____