



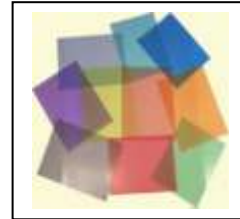
**APPLICATION**

**IRLEN CENTER BOSTON**

In association with the

**IRLEN INSTITUTE**

*Advanced Study*



***IRLEN SCREENERS / PRACTITIONERS  
2017 - ONLINE RECERTIFICATION COURSE - 2018***

Name: \_\_\_\_\_ (Please fill in all categories completely)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ SKYPE: \_\_\_\_\_

*Check off and fill in those items which apply to you.*

**Certified Irlen Screener:** \_\_\_\_\_ **Other:** \_\_\_\_\_

**I was trained (date):** \_\_\_\_\_ **Location/city & state:** \_\_\_\_\_

**By (Name of Trainer):** \_\_\_\_\_

**I practice at (location):** \_\_\_\_\_

(Include state/country)

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**PAYMENT METHOD**

**Master Card or Visa, Personal/Business Check.** (School Purchase Orders may be accepted --USA only)

**COST: \$175 US. Please make payment payable to Irlen Diagnostic Center Boston.**

**Credit Card (circle one): Master Card or Visa Expiration Date(mm/yy): \_\_\_\_ / \_\_\_\_**

Credit Card # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Security Code on back of your card: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Name on Card (PRINT): \_\_\_\_\_

**Email or Fax your application to ATTN: Sherri Schultz at:**

**Irlen Diagnostic Center Boston,**

**Phone: (617)818-0919,(781) 396-3321 or Fax: 508-743-0241email: [irlenboston@aol.com](mailto:irlenboston@aol.com)**

