

IRLEN CENTER BOSTON

REGISTRATION - APPLICATION

Yes, I plan to attend the *IRLEN SYNDROME AND THE BRAIN* Professional Development offered in Association with **Salem State College, The Learning Tree and Northeast Consortium.**

(Training Location: Stoneham MA, is about 5 miles north of Boston. See directions on next page).

CIRCLE WHICH OPTION(S) YOU ARE CHOOSING.

Option 1 Earn up to 16 PDP's: – *This is a Two Day Intensive*

Option 2 Earn up to 67.5 PDP's: – *This is a Four Day, Three Credit Graduate Course*

Course Dates - Choose One:

<u>April 24 and 25, 2009</u> Friday & Saturday 9:00 AM to 5:00 PM	<u>OR July 7 and 8, 2009</u> Tuesday & Wednesday 9:00 AM to 5:00 PM	<u>OR July 7, 8, 9 & 10 - Three Credit</u> Graduate Course – 67.5 PDP/CEU 8:30 AM to 5:45 PM
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Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Home Phone: _____ Email: _____

COST: Two Day = \$485 PLUS \$210 for screening test kit, 40 overlays, Book, CD & materials. = **\$695.**

Write in The

SCHOOL PURCHASE ORDERS ARE ACCEPTED

Amount Enclosed:

Two Day: Send payment or PO for \$695 and resume. \$ 695

Add \$30 only if not registered 30 days before training) \$ _____

Add \$750 only if taking Four day, three graduate credit option \$ _____

(This one time special 4 day graduate course is offered this summer only).

TOTAL ENCLOSED: \$ _____

Method of Payment

_____ Payment Enclosed (business/personal check) \$ _____ Purchase Order No. (Attach PO, Please)

We accept: _____ **Visa** or _____ **MasterCard** P.O. Number: _____

Credit Card #: _____ Exp. Date ____/____

Authorized Signature/Name on Card: _____

IMPORTANT: 1. Mail or FAX both your Registration/Application form **& Resume directly to:**
IRLEN CENTER BOSTON ** 25 A LABELLE AVENUE ** MEDFORD, MA 02155

2. Confirm with us by email or telephone that you are registering. Dates and costs are subject to change

IRLEN CENTER BOSTON
25 A LABELLE AVENUE, MEDFORD, MA 02155
Phone: (781)-396-3321 FAX: (781) 396-3010 email: irlenboston@aol.com