

REGISTRATION FORM



Register early! • Space is limited.

Please complete a Registration Form for each participant. Type or print all information.
ALL PORTIONS OF THIS FORM MUST BE COMPLETED BEFORE REGISTRATION CAN BE CONFIRMED.

EVENT: _____ Date(s): _____
Location: _____ Cost: \$ _____

PARTICIPANT: _____ Title: _____
Organization: _____
Street Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____
Email: _____
REQUIRED for confirmation

BILL TO: Same as above
Name: _____
Organization: _____
Street Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____

METHOD OF PAYMENT:

Credit Card Check Money Order Purchase Order # _____
 Visa Credit Card #: _____
 Discover Name on Card: _____
 MasterCard Expiration Date: _____ Security Code: _____
 American Express Signature: _____

Payment method must be submitted in order to confirm reservation. You will not be invoiced for a professional development event until after it has concluded. Any materials ordered in conjunction with a training event will be invoiced separately upon shipment.

CANCELLATION POLICY

Full refunds will be made for cancellations received in writing by mail, fax, or email five business days before the training date. **Cancellations received later than five business days before the training date will not be eligible for a refund.**

MAIL REGISTRATION FORM

With your company check, money order, cashier's check, purchase order or credit card payment to:
Kaplan Early Learning Company
Attn: Professional Development
P.O. Box 67
Lewisville, NC 27023

FAX REGISTRATION FORM

With purchase order or credit card information to
336-712-3243.