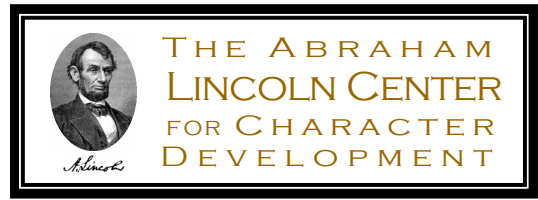


REGISTRATION FORM



Course Title: _____ Date: _____

Name: _____ Title: _____

Organization: _____

Address: _____

City/State/Zip: _____

Phone: (____) _____ Fax: (____) _____

E-mail: _____
(for confirmation)

Instructions: Please submit a separate form for each participant. Space is limited and registration will not be confirmed until payment is received. Confirmation will be sent via fax or e-mail within five working days of receipt of payment.

Cancellation Policy: Registration closes 10 days before each scheduled class. We reserve the right to cancel or reschedule any session. You will be notified at least one week in advance of cancellation. Registrants will have a choice of transferring or receiving a refund. If you cannot attend a session, notice must be received in writing, by fax to 630-690-3258 or e-mailed to ecaprel@LincolnCharacter.org. A \$15 processing fee will be assessed for all cancellations. We regret that we are unable to process refunds for any reason within 3 days of a scheduled session.

Certified Profession Development Units (CPDU): CPDUs can only be issued for participants who meet the contact hour requirements. Therefore, should a participant miss a portion of the training, CPDUs cannot be issued.

Payment:

- Check enclosed for \$ _____ payable to:
The Abraham Lincoln Center for Character Development (tax ID # 56-2395136)

Mail with this Registration Form to:

The Abraham Lincoln Center for Character Development
c/o DuPage Regional Office of Education
421 N. County Farm Road
Wheaton, IL 60187

- Credit Card: VISA MASTERCARD

Number: _____

Name on card: _____ Exp. _____

Signature: _____

Please direct questions to:
Cathy Fisher, 630-827-4425
Cfisher@district44.dupage.k12.il.us

www.LincolnCharacter.org

