

Registration form

Erikson Institute ► Professional Development, Spring 2010

Items in bold face are required.

Name _____ Title/Occupation _____

Home address _____

City/State/Zip _____

Primary phone _____

Forms without **phone and e-mail** will not be processed.

E-mail address for confirmation notice _____

Business/Organization/School _____ Business phone _____

Business address _____

City/State/Zip _____

Professional license number: Type: _____ Number: _____

Are you an Erikson graduate current student? Student ID: _____

Check here to join our e-mail list and receive updates about course offerings and events.

Primary interest

Early childhood education Leadership and supervision Social work

Infant and family practice Other: _____

Course selection

Please indicate desired credit type(s); consult course description for credits offered. Credit types cannot be changed after registration. There is a \$15 fee per course for selecting more than one credit type.

| Course number/Name of course | Credit type(s) | Fee |
|------------------------------|----------------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Total payment enclosed \$ _____

Method of payment

Check or money order payable to Erikson Institute is enclosed.

Institutional purchase order is enclosed. (Please complete employer information above.)

Name of institution _____ Purchase order number _____

Please charge my Visa MasterCard

Card number _____ Expiration date _____ Today's date _____

Name on card (please print) _____ Signature _____

Payment is required with registration. Mail this form to: Professional Development, Erikson Institute, 451 North LaSalle Street, Chicago, Illinois 60654-4510, or fax to 312-460-3866.