

Manual Registration Form

*This form is only to be used by those paying with check or money-order. Please complete all **five steps**. Incomplete forms will not be processed.*

STEP 1: Participant Information (Required)

NAME _____ Title/ Occupation _____

Home address _____

City / State / ZIP _____ Primary phone _____

E-Mail address for confirmation notice _____

STEP 2: Professional Information (Optional)

COMPANY NAME _____

Address _____

City / State / ZIP _____ Phone _____

Supervisor / Primary Contact _____

STEP 3: Course Selection (Required)

Please indicate desired courses and credit type(s); consult our online listing of offerings at www.erikson.edu/professionaldevelopment. Credit types cannot be changed after registration. There is a \$15 fee per course for selecting more than one credit type.

Course #/Name of Course	Credit Type(s)	Fee
		\$
		\$
		\$
TOTAL		\$

CONTINUE TO NEXT PAGE FOR PAYMENT INFORMATION

STEP 4: Payment Information (Required)

Check or money order payable to **Erikson Institute** is enclosed. **Check number:** _____

STEP 5: Submitting Registration

Send both completed pages of this form with check or money order to:

Matthew Zaradich
Erikson Institute
451 North LaSalle Street
Chicago, IL 60654