

Professional Learning Registration Form

I would like to register for:

Course #	Date	Title	Cost
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL \$

First Name _____ M.I. _____ Last _____

E-mail _____

Home Address _____

City _____ State _____ Zip _____

School _____

Phone (H) _____ (W) _____ (C) _____

In case of inclement weather, please list all applicable phone numbers.

For T·I·M·E Online participants, please indicate your computer platform so that we may send you the correct CD-ROM: PC Mac

Position(s):

- Curriculum Coordinator SLP Principal
 Parent Special Educator Other (please specify): _____
 General Educator Paraprofessional

Grade(s) you currently teach:

Payment options (choose one):

Enclosed is a check in the amount of _____ (payable to the Stern Center)

Please charge my: Visa MasterCard Amount: \$ _____

Account #: _____

Exp. Date: _____

Name on Card (please print): _____

Signature: _____

PO # _____ enclosed.

Yes! Please add me to your e-mail list.

Please let us know how you heard about the Stern Center for Language and Learning:

PLEASE RETURN COMPLETED REGISTRATION AND PAYMENT TO:

Stern Center for Language and Learning
Attention: Linnea Oosterman
135 Allen Brook Lane, Williston, VT 05495-9209
or fax to **802-857-0327**



www.sterncenter.org
802-878-2332