

REGISTRATION FORM

Autism Outreach Project Classes Only

Name: _____
Home Email: _____ Home Phone: _____
Home Address: _____
Work Email: _____ Work Phone: _____
Region _____ District: _____
School _____
Position: _____
Certification No. _____

Course Selections:

Course No. / Course Title / Date

K-20 Location (Required) _____

Payment Method:

Check enclosed for full amount of \$ _____ (Make checks payable to NWESD)

Purchase Order number # _____ From: _____

Credit Card Charge to: Visa *–or–* Master Card

Name on Credit Card _____

Account number _____ - _____ - _____ - _____

Expiration Date: _____ / _____

Charge full amount of \$ _____ to my bank card.

Signature _____

Registration must be accompanied by a purchase order, check or credit card information.

Note: Clock hour, credit, and course material fees are to be paid separately at the first class session. Please do not include these fees with this registration payment.

Mail registration form and fee to:

NWESD
1601 R Avenue
Anacortes, WA 98221

Fax registration form with credit card or purchase order to: (360) 299-4071

Online at www.nwesd.org, Site Shortcuts, Courses, Catalog, then follow instructions.

Cancellation Policy

A 48-hour written request is required for a refund. An administrative fee of \$20 will be charged for most cancellations. If you cannot attend but can find a replacement, please let us know. No administrative fee will be charged to change the attendee.