



2008 WISCONSIN REGISTRATION FORM

Please specify which class you wish to attend.

Class Name: _____ Course No. _____

Date of Class: _____ Class Location: _____

Name: _____
(last) (first) (initial)

Address: _____
(street) (city) (state) (zip)

Home Phone: _____ E-mail: _____

Each class is worth 3 semester hours of continuing education graduate level credit by the University of St. Thomas.

COST: \$465

EARLY BIRD SPECIAL:
\$435 if paid in full by May 3, 2008

Enclosed is:

- \$70 deposit (non-refundable)
- \$435 Early Bird Special (paid in full by May 3, 2008)
- \$465 Payment in Full (after May 3, 2008)

Payment Method: Check (enclosed) Visa Mastercard Discover

Checks payable to: **Educational Resources of MN, LLC**
PO Box 147, Springfield, MN 56087

Credit Card Users: You may fax this completed form 24 hours a day to: (507) 723-8501 or mail to the above address.

Card # _____ Verification # _____
(last 3 digits on back of card behind the account #)

Exp. Date _____ / _____

Signature _____
(All credit card payments must be made PRIOR to the first day of class. Instructors will not be able to accept credit cards.)

All registrations **MUST** include at least the \$70 non-refundable deposit to reserve a place for you in the class. All balances are due **ON** or **BEFORE** the first day of class. Confirmation notices, including exact class locations will be sent once minimum class enrollments have been reached. **Registrations will be taken on a first-come, first-serve basis until the class is filled.**

Tax receipt information is not provided by the University of St. Thomas. If you wish to receive a receipt for tax purposes, please request this with your registration.

If you have questions please contact:

Educational Resources of MN, LLC at 1-800-278-8126 or email: fink@educresources.info