



**REGISTRATION FORM**  
**Core Curriculum 2016-2017**

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_

Email: \_\_\_\_\_

Form of Payment:

\_\_\_\_\_ cash

\_\_\_\_\_ check

\_\_\_\_\_ credit/debit card # \_\_\_\_\_

\_\_\_\_\_ 3 digits on back \_\_\_\_\_ exp dated \_\_\_\_\_ zip code

You may complete this form and return to me many different ways:

1. Scan and email to me at **clockhoursbyangie@gmail.com**
2. Mail to me at the address below
3. Drop off at my office at IPT 25 W. Cataldo, Spokane Wa. 99201
4. Fax to 509-532-9009

Or you can complete the registration form and omit the credit/debit information and call me with it. I immediately destroy all the sensitive information for your safety.

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