

➔ **PRINT THIS FORM AND FAX OR MAIL IT ALONG WITH PAYMENT TO WILSON LANGUAGE TRAINING**

| DATE | TIME | PROGRAM | LOCATION | VENUE | TUITION |
|---|----------------------|--|------------|--|----------------------|
| July 20, 2009 - July 23, 2009 | 9:00 am - 3:30 pm | Summer Institute on Student Assessment and Evaluation (0809-1416) | Oxford, MA | Wilson Language Training Center (800) 899-8454 | \$625 |
| (PAYABLE U.S. FUNDS ONLY TO WILSON LANGUAGE TRAINING) | | | | | TOTAL ➔ \$625 |

Registration is required before the event and is processed on a first-come, first-served basis. Payment is due at the time of registration and includes a continental breakfast and lunch. Materials are sold separately. Payment is refundable up to 14 days prior to the event date, less a \$25 processing fee. A confirmation e-mail will be sent with directions and specific details.

While we make every effort to conduct professional development events on the dates and locations advertised, they are subject to change without prior notice. WLT reserves the right to change or cancel a professional development event due to low enrollment or factors beyond our control. We will attempt to notify registrants to limit customer inconvenience but we are not liable for any expenses incurred.

Note: On occasion Wilson Language Training Corporation (WLT) receives inquiries as to whether an individual is certified in Wilson or has otherwise participated in Wilson Professional Development. Our policy is to not disclose personal information with regard to participants in our programs. WLT will, however, unless specifically requested in writing otherwise, share information regarding certification and the level of participation in our professional development programs.

| A REGISTRANT INFORMATION | | CONTACT PREFERENCE: <input type="checkbox"/> HOME <input type="checkbox"/> WORK | |
|---------------------------------|--|---|---------|
| PERSONAL | | | |
| H NAME _____ | | | |
| H ADDRESS _____ | | | |
| H TOWN / CITY _____ | | | |
| H STATE / PROVINCE | | ZIP | COUNTRY |
| H PHONE | | CELL | |
| H EMAIL _____ | | | |
| WORK | | | |
| W ORGANIZATION _____ | | | |
| W ADDRESS _____ | | | |
| W TOWN / CITY _____ | | | |
| W STATE / PROVINCE | | ZIP | COUNTRY |
| W PHONE | | CELL | |
| W EMAIL _____ | | | |

| B BACKGROUND INFORMATION (CHECK ALL THAT APPLY) |
|--|
| I HAVE EXPERIENCE WITH |
| <input type="checkbox"/> WILSON READING SYSTEM® |
| <input type="checkbox"/> FOUNDATIONS® |
| <input type="checkbox"/> OTHER MSL PROGRAM(S): _____ |
| <input type="checkbox"/> NONE OF THE ABOVE |

| FOR INTERNAL USE ONLY • INTAKE DATE | | |
|-------------------------------------|-----|------|
| MONTH | DAY | YEAR |

| C BILLING ADDRESS | | SAME AS: <input type="checkbox"/> PERSONAL <input type="checkbox"/> WORK | |
|--------------------------|--|--|---------|
| B NAME _____ | | | |
| B ADDRESS _____ | | | |
| B TOWN / CITY _____ | | | |
| B STATE / PROVINCE | | ZIP | COUNTRY |
| B PHONE | | CELL | |
| B EMAIL _____ | | | |

| D PAYMENT METHOD | |
|--|---|
| <input type="checkbox"/> CHECK/MONEY ORDER • PAYABLE TO WILSON LANGUAGE TRAINING CORPORATION | |
| CHECK # _____ | |
| <input type="checkbox"/> CREDIT • WE ACCEPT VISA, MASTERCARD, AMERICAN EXPRESS AND DISCOVER | |
| CREDIT CARD # _____ | |
| EXPIRATION DATE _____ | CVV2 # (Credit Card Security Number) |
| PRINT CARDHOLDER'S NAME _____ | |
| SIGNATURE _____ | |
| <input type="checkbox"/> PURCHASE ORDER • AUTHORIZED HARD COPY MUST BE ATTACHED | |
| PURCHASE ORDER NUMBER _____ | |
| TAX EXEMPT NUMBER _____ | |
| APPLICABLE TAX WILL BE CHARGED UNLESS A CURRENT TAX EXEMPT CERTIFICATE IS ON FILE | |

| E SUBMIT REGISTRATION WITH PAYMENT | |
|---|---|
| DATE SUBMITTED ➔ _____ | |
| MAIL TO ➔ | ATTN: SUMMER INSTITUTE REGISTRATION WILSON LANGUAGE TRAINING CORPORATION 47 OLD WEBSTER ROAD OXFORD, MA 01540 |
| OR FAX TO ➔ | 508.368.2300 |