



Registration Form

Please print this form and mail or fax.

LAST NAME	FIRST NAME
SCHOOL OR ORGANIZATION	COUNTY
MAILING ADDRESS <i>(Training information will be sent to this address.)</i>	
CITY	STATE
ZIP	
CONTACT PHONE	E-MAIL ADDRESS
HOW DID YOU HEAR ABOUT SMART?	

WORKSHOP TITLE	DATE(S)	TIME	LOCATION	COST

If you would like to earn Professional Development Units (PLU's) Add \$25 per course.

TOTAL \$

METHOD OF PAYMENT:

- | | |
|--|---|
| <input type="checkbox"/> VISA
<input type="checkbox"/> MC
<input type="checkbox"/> AMERICAN EXPRESS | <input type="checkbox"/> CHECK # _____ <i>(Make checks payable to: Syllables Reading Center)</i>
<input type="checkbox"/> PURCHASE ORDER # _____
<i>(Please include a copy of the purchase order)</i> |
|--|---|

Credit Card #	Expiration Date
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Signature

Mail this registration form, along with check or purchase order, to:
 SMART Training
 c/o Syllables Reading Center
 12705 Century Drive
 Alpharetta, GA 30004

If paying with credit card or purchase order, you can fax registration to:
 Syllables Reading Center (770)752-1823, ATTN: SMART Training