

2010 IDEA Train the Trainer Workshop Registration Form

February 9-10 Orlando, FL

- Complete, print, and fax to: 785-320-2424 OR
- Complete, save, and send as an attachment to info@theideacenter.org



The IDEA Center
211 South Seth Child Road
Manhattan, KS 66502-5725
800-255-2757 Toll Free
785-320-2424 Fax

REGISTRATION INFORMATION:

Name (as it should appear on name-tag)

Title

Discipline

Institution

Address

City

State

Zip Code

Phone

Fax

Email Address (required)

May we include your name on the participant roster? Yes No

SPECIAL ACCOMMODATIONS REQUESTED:

Registration Fee: \$150.00

Invoice needed: Yes No

IF PAYING BY CREDIT CARD:

Card Number

Type (Visa, MasterCard, or Discover)

Exp. Date

Cardholder's Name (Print)

3-digit Security Code

FOR OFFICE USE ONLY

Payment Received (Date) _____ Method of Payment _____

Cancelled (Date) _____ Refund Amount _____ \$150 on or before 1/23/10

Refund Mailed/Credited (Date) _____ \$ 75 after 1/23/10

Registration Number _____