Systematic Multisensory Approach to Reading Training

Registration Form

Please print this form and mail or fax.

LAST NAME **FIRST NAME**

SCHOOL OR ORGANIZATION **COUNTY**

MAILING ADDRESS ***(Training information will be sent to this address.)***

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:

- ☐ **VISA**
- ☐ **MC**
- ☐ **AMERICAN EXPRESS**
- ☐ **CHECK #**_____ *(Make checks payable to: Syllables Reading Center)*
- ☐ **PURCHASE ORDER #**_____ *(Please include a copy of the purchase order)*

Credit Card # **Expiration Date**

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