

Registration Form – Irlen Screener Certification Workshop

Please send payment, a one page resume and a cover letter explaining why you wish to become an Irlen Screener at least 2 weeks prior to the workshop date.

NAME: _____ HOME PHONE: _____

ADDRESS: _____ CELL PHONE: _____

CITY: _____ POSTAL CODE: _____

EMAIL: _____

Payment by cheque, money-order, Visa / Mastercard or e-transfer:

Visa/Mastercard # _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Expiry Date: _ _ / _ _

Amount Paid: _____ Security Code: _ _ _ (back of card)

Signature: _____ Date: _____

Please return form, payment and resume to:

Reading & Writing Consultants, Inc.
9697 – 45 Ave. NW
Edmonton, AB T6E 5Z8

Phone: 780-439-8120
Fax: 780-439-8125
Email: reading@telus.net

Website: www.irlenalberta.ca

PLEASE CONTACT READING & WRITING CONSULTANTS FOR MORE
DETAILS