

# CENTER FOR INNOVATION IN EDUCATION, INC.

PO Box 2070 • Saratoga, CA 95070-0070  
Phone: (800) 395-6088 • Fax: (408) 725-8146  
www.center.edu

# Follow-Up Enrollment Form

*Follow-up classes provide support and guidance as teachers begin to apply the strategies and ideas experienced in their initial 30-hour workshop. The follow-up class provides an opportunity for teachers to learn from one another. Participants have time to review topics covered during the initial workshops, share their progress, ask questions, and validate their successes with fellow teachers.*

## - STUDENT INFORMATION -

Social Security or Social Insurance #:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Remains confidential - your customer number	
Name:	_____
Home Address:	_____
Address:	_____
City, State, Zip:	_____
Home Phone:	_____
Work Phone:	_____
Fax Number:	_____
Email:	_____

## - FOLLOW-UP CHOICE -

Choice:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	(Workshop Code#)
City, State:	_____	

**Send this form & payment to:**  
**Center for Innovation in Education**  
**P.O. Box 2070**  
**Saratoga, CA 95070-0070**  
**Fax: (408) 725-8146**  
**Phone: (800) 395-6088**

## - COURSE FEES -

\$240 per person pre-enrollment fee (valid only if submitted prior to first meeting)  
\$275 per person on-site enrollment fee.

## CANCELLATION POLICY

- All cancellations must be received in writing 14 business days prior to the Follow-up.
- Late cancellations are subject to the entire workshop fee.
- Cancellations are subject to a \$25 processing fee.

## - METHOD OF PAYMENT (CHOOSE ONE) -

<input type="radio"/> Check	<ul style="list-style-type: none"><li>• Check must accompany this form.</li><li>• Make payable to "Center for Innovation in Education".</li><li>• Canadian &amp; Foreign enrollees must pay by money order in U.S. funds.</li></ul>										
<input type="radio"/> Credit Card	<ul style="list-style-type: none"><li>• Visa or MasterCard only.</li><li>• Your statement will show the charge as "CTR FOR INNOVATION IN"</li></ul> <table><tr><td>Card Number:</td><td><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td></tr><tr><td>Card Holder's signature:</td><td>_____</td></tr><tr><td>Card Holder's Name/Address if different from above:</td><td>_____</td></tr><tr><td>Expiration date:</td><td>____/____ mo. yr.</td></tr><tr><td>Card Holder's Phone:</td><td>_____</td></tr></table>	Card Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Card Holder's signature:	_____	Card Holder's Name/Address if different from above:	_____	Expiration date:	____/____ mo. yr.	Card Holder's Phone:	_____
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Expiration date:	____/____ mo. yr.										
Card Holder's Phone:	_____										
<input type="radio"/> Purchase Order	<ul style="list-style-type: none"><li>• Purchase order must accompany this form.</li></ul> <table><tr><td>P.O. #</td><td>_____</td></tr><tr><td>School District Name:</td><td>_____</td></tr><tr><td>District Phone:</td><td>_____</td></tr></table>	P.O. #	_____	School District Name:	_____	District Phone:	_____				
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