

IHL REGISTRATION FORM

Full Name (Last, First, MI)		Date
Street Address		
City / State / Zip		E-mail:
Home Phone	Business Phone	Cell Phone
Best number for contacting you during business hours? (9 am-5 pm) <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Cell		
Are you a Licensed or Registered Healthcare Professional? If yes, please state your credentials.		License #
How did you hear about IHL classes / seminars / workshops?		

PLEASE REGISTER ME FOR THE FOLLOWING:

SEMINAR/ CLASS/WORKSHOP	START DATE	TIME	TUITION	Office Use Only

1. Payment in full must be submitted with this registration form. **DO NOT COMBINE REGISTRATIONS FOR MULTIPLE LEARNING CENTERS ON ONE REGISTRATION FORM.**
2. CANCELLATIONS received 48 hours prior to the scheduled start of a class shall be fully refunded minus a \$10.00 cancellation fee. **ALL CANCELLATIONS MUST BE REPORTED DIRECTLY TO IHL AT 937-342-2295.**
3. A LATE REGISTRATION FEE of \$5 will be assessed for registrations received less than seven (7) days prior to the start of the class. (for mailed registrations, Late Fee/s will be based on the envelope postmark)
Select your method of payment: Cash Check # Credit / Debit Card (Circle one: MC VISA)

Card # _____ **Exp. Date** _____ **V. Code** _____
Name as it appears on the card _____
Signature _____ **Date** _____

Dayton Learning Center - Mail to:
 IHL Registration
 3195 Dayton Xenia Rd., Suite 900-248
 Beavercreek (Dayton), OH 45434
 937-342-2295