



PLEASE PRINT OR TYPE. PLEASE FILL IN ALL BLANKS.

FULL NAME: _____
(LAST) (FIRST) (MIDDLE)

Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone : (____) _____ Email Address: _____

This information is optional and used for statistical purposes only:

Gender: Male Female

Marital Status: Single Married Separated Divorced Widowed

Course list (please mark the box for all courses to be registered):

	Class Title	CEU	Fee		Class Title	CEU	Fee
<input type="checkbox"/>	Adv Classroom Mgt	3.0	\$250.00	<input type="checkbox"/>	Reading Fundamentals #1	3.0	\$250.00
<input type="checkbox"/>	Attention Deficit Disorder	3.0	\$250.00	<input type="checkbox"/>	Reading Fundamentals #2	3.0	\$250.00
<input type="checkbox"/>	Autism & Asperger	3.0	\$250.00	<input type="checkbox"/>	Reading Fundamentals #3	4.5	\$325.00
<input type="checkbox"/>	Behavior Is Language	4.5	\$325.00	<input type="checkbox"/>	Reading & Writing in Content Area	3.0	\$250.00
<input type="checkbox"/>	Child Abuse	3.0	\$250.00	<input type="checkbox"/>	Talented & Gifted	3.0	\$250.00
<input type="checkbox"/>	Drugs & Alcohol in Schools	3.0	\$250.00	<input type="checkbox"/>	Teaching Diversity	3.0	\$250.00
<input type="checkbox"/>	Educational Assessment	3.0	\$250.00	<input type="checkbox"/>	Teaching Elementary Math Conceptually	3.0	\$250.00
<input type="checkbox"/>	Erly Child: Family Centered	3.0	\$250.00	<input type="checkbox"/>	Traumatized Child	3.0	\$250.00
<input type="checkbox"/>	Erly Child: Observe/Assessment	4.5	\$325.00	<input type="checkbox"/>	Try DI	4.5	\$325.00
<input type="checkbox"/>	Erly Child: Program Planning	4.5	\$325.00	<input type="checkbox"/>	Understanding Aggression	4.5	\$325.00
<input type="checkbox"/>	Erly Child: Atyp/Typical Dev	4.5	\$325.00	<input type="checkbox"/>	Understanding/Implement Common Core	4.5	\$325.00
<input type="checkbox"/>	Harassment in Schools	3.0	\$250.00	<input type="checkbox"/>	Violence in Schools	3.0	\$250.00
<input type="checkbox"/>	Inclusion	3.0	\$250.00	<input type="checkbox"/>	Why DI? Intro to Differentiated Instruction	4.5	\$325.00
<input type="checkbox"/>	Infant & Toddler Mental Health	3.0	\$250.00	<input type="checkbox"/>			
<input type="checkbox"/>	Learning Disabilities	4.5	\$325.00	<input type="checkbox"/>			

Method of Payment: We accept Visa, MasterCard, Discover or American Express. If you wish to use a credit card as payment, please contact our office at 662-846-4874 to give card information.

Enclosed is my check or money order payable to Delta State University in the amount of \$ _____.

MAIL TO: Delta State Continuing Education **-OR-** **FAX TO:** 662-846-4313
 Attn: CEU Online Courses
 Kent Wyatt Hall Suite 239
 Cleveland MS 38733

FOR OFFICE USE ONLY:
 DATE RECEIVED: _____ CC: VESI _____ TERM: _____