Training Registration Form

Please print clearly and photocopy the blank form for multiple registrations. Complete information is necessary for proper registration. If you have questions, please call 800.587.5639, Ext. 234 or 206.

Mail your completed Registration Form to:
HighScope Training
600 North River Street
Ypsilanti, MI 48198-2898
Or fax the completed form to 734.485.5560

Please register for the following HighScope training events:

Course Title: _____ Tuition $ _____

Dates: _____ Location: _____

Course Title: _____ Tuition $ _____

Dates: _____ Location: _____

Course Title: _____ Tuition $ _____

Dates: _____ Location: _____

Total Tuition $ _____

Please print

Billing Information:

Name/Title _____

Organization _____

Address _____

City/State/Zip _____

Daytime Phone _____

Participant Information:

Name _____

Home Address _____

City/State/Zip _____

Daytime Phone _____

E-Mail Address _____

Method of Payment:

☐ **Check Enclosed** ☐ **Bill Purchase Order *** _____

Charge: ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Name on Card _____ Account # _____

Signature _____ Exp. Date _____

**PO number must be included to process registration.*