

NATIONAL INSTITUTE FOR LEARNING DEVELOPMENT
 107 Seekel St., Norfolk, VA 23505 Phone: 877-661-6453 Fax: 877-423-6453
TEACHING TECHNIQUES FOR NILD GROUP EDUCATIONAL THERAPY® (GET)
2009 Course Application – Naperville, IL August 5-7, 2009

Prerequisite: Applicants must be Level III trained and hold NILD certification.

Personal Information – please print clearly

Name: Mr./Ms. _____
Last First M.I. Alternate Last Name of Record (Maiden, etc.)

Home Address: _____
Street City State Zip Country

Home Phone: _____ Email address: _____

If overseas: _____
Stateside Address Stateside Telephone/Contact Name Date of arrival in US

Emergency Contact (required): _____ <small style="margin-left: 150px;">Name</small> <small style="margin-left: 150px;">Relationship</small> <small style="margin-left: 100px;">Day & Night Phone Numbers</small>

School Information:

School Name: _____ Your Current Position: _____

School Address: _____
Street City State Zip Country

Administrator: _____ School Phone: _____ School Fax: _____

NILD Training: (Must be Level III Certified)

Course	Month/Year	Location	Instructor(s)
Level I			
Level II			
Level III			
Certification - No: _____ If yes - Type: _____			Expiration date: _____

NILD Educational Therapy® Experience (must give at least the last three years):

Year	School Name / Location	Number of Students	Grade Level(s)
2008-2009			
2007-2008			
2006-2007			
2005-2006			

Educational Background:

College/University	Major	Degree Held	Date of Completion

List hours toward graduate degree in process: _____

Courses taken in Special Education, Learning Disabilities, Testing: _____

Costs: Registration Fee due with application ...\$150.00
 Balance of Tuition due May 15, 2009...\$525.00

2009 NILD Group Educational Therapy® Training –Course Schedule
Attendance is required at all sessions

1:30-4:30	Wednesday, August 5
8:30 – 4:30	Thursday and Friday, August 6-7

Pre-course requirements: Email or mail the following to: kathyhelps@nild.org (NILD 107 Seekel St. Norfolk, VA 23505). The information will be given to the GET committee for review.

1. Submit a 1-2 paragraph essay about why you want to take this pilot course and how you expect to use this model in your school.
 Due date – June 15, 2009

Course Enrollment & Cancellation Policies:

These policies are to be reviewed by all applicants. NILD suggests that you make a copy of your completed course application and retain it for your records.

1. I am enrolling in *NILD Group Educational Therapy® (GET) Training*. I agree to pay all applicable course fees as given above.
2. Buyer’s Right to Cancel Statement:
 - I may cancel this agreement without penalty within 3 business days of registering.
3. Refunds:
 - Refunds made upon request.
 - After the 3-day Buyers Right to Cancel period and up to May 15, 2009, NILD will refund all course fees (registration and tuition, if paid) minus a \$100.00 cancellation fee.
 - From May 15, 2009 through July 31, 2009, none of registration fee will be refunded.
 - After August 3, 2009 no course fees will be refunded.

Within 3 days of registration:	Day 4 through May 15, 2009	May 15, 2009 through July 31, 2009	After August 3, 2009
Full refund, no cancellation fees	Refund of course fees less \$150.00 cancellation fee	Refund of course fee less registration fee	No refund of any course fees

Acknowledgement of Cancellation Policies:

To cancel this transaction I am to provide notice of my cancellation to NILD via mail, email, fax, hand-delivery, or telephone call. I have reviewed, understand, and will abide by the above cancellation policies.

 Signature of Applicant

 Date

Mail this application and all course fees to NILD.

**NILD GROUP EDUCATIONAL THERAPY® TRAINING 2009
FINANCIAL INFORMATION**

Course Fees – Registration due with application. All other fees due 5/15/09.

Registration Fee (**\$150**) _____

Tuition (**\$525**) _____

Total Course Fees Due _____

TOTAL COURSE FEES ENCLOSED _____

<input type="checkbox"/> Check enclosed. <i>Please add figures carefully and make check payable to NILD in U.S. currency only.</i>	
<input type="checkbox"/> Charge \$_____ to my: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	
Account Number: _____	
Cardholder Name (please print)	Expiration Date
Signature (required when using credit card)	V Code (3 digits on back of card)
Credit Card Billing Address (required – include zip code)	Office Use Only