

NILD - NATIONAL INSTITUTE FOR LEARNING DEVELOPMENT
TEACHING TECHNIQUES FOR NILD GROUP EDUCATIONAL THERAPY® (GET)
2010 Course Application

Applicants must be Level III trained and hold NILD certification

APPLICANT INFORMATION		
Name:		
Current address:		
City:	State:	ZIP Code:
Phone:	Date of Birth: M/D/YR	Email:
Emergency Contact/ Relationship:		Phone:
SCHOOL/ORGANIZATION INFORMATION		
Name of School/Organization	Address	
<input type="checkbox"/> I am independent of a school		
EXPERIENCE		
Please check all that apply:	Certification Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> NILD Educational Therapist	Location	Date
Level I <input type="checkbox"/>		
Level II <input type="checkbox"/>		
Level III <input type="checkbox"/>		
Average number of students per year	Number of years giving therapy	
SIGNATURE		
Have you ever been convicted of a felony? NO <input type="checkbox"/>	YES <input type="checkbox"/>	If yes, explain
I affirm that, to the best of my knowledge, all of this information is complete and accurate.		
Signature of applicant:		Date:
COURSE LOCATION		
August 11-13, 2010		Norfolk VA

Maximum enrollment is 20.

2010 Teaching Techniques for NILD Group Educational Therapy® (GET) Training – Course Schedule
 1:30 – 4:30 Wednesday 8:30-4:30 Thursday and Friday
 This schedule may be adjusted according to the needs of the participants

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COURSE FINANCIAL INFORMATION

Registration due with application. Balance due May 15, 2010

Total Course Fees Due \$600		
Registration Fee	\$150	
Tuition	\$450	
TOTAL <i>COURSE FEES</i> ENCLOSED		

Buyer's Right to Cancel Statement:

- I may cancel this agreement without penalty within 3 business days of registering.

Refunds:

- Refunds made upon request.
- After the 3-day Buyers Right to Cancel period and up to May 15, 2010, NILD will refund all course fees (registration and tuition, if paid) minus a \$150.00 cancellation fee.
- From May 15, 2010 until the date of course start none of registration fee will be refunded.
- After the start of the course no course fees will be refunded.

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 cancellation policies.

 Signature of Applicant Date

Check enclosed. ***Please add figures carefully and make check payable to NILD in U.S. currency only.***

Charge \$_____ to my: Visa 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