

Southeastern Center for the Enhancement of Learning
COGNITIVE ENRICHMENT TRAINING
REGISTRATION FORM

*Please complete a separate form for each course, and return with deposit to
SCEL, 5676 Sequoia Dr., Forest Park, GA 30297*

DATE_____

NAME_____PHONE_____

ADDRESS_____email_____

SCHOOL/Organization_____Grade/Age Level_____.

Course for which you are registering: _____

Total Due_____ (All IE Standard courses are \$850 and all IE Basic courses are \$800.)

Deposit \$350 enclosed _____ (Deposit due 4 weeks before training)

Balance enclosed _____ due _____ (Due at time of training)

REGISTRATION FOR NEW PARTICIPANTS ENDS HERE

If you have had previous training in any of the courses listed below, please indicate the approximate dates and trainer.

IE Standard: Level I _____ Level II _____ Level III _____

IE Basic: Level I _____ Level II _____

LPAD: Level I _____ Level II _____

This portion to be completed by SCEL

Date of Completion _____ Certificate Mailed _____