

## **Registration Form**

Full Name (First Middle Last):		
Date of Birth:		
Address 1:		
Address 2:		
City:	State:	Zip Code:
Email:	Telephone:	
Subject you teach:	Course to Enroll:	

## All fields are required.

Fill out this form and send it with \$600 payment, made payable to "Dee Fink & Associates" to:

Dee Fink & Associates Course Design Workshop 234 Foreman Avenue Norman, OK 73069

If you are registering more than one person, please fill out a copy of this form for each person attending.