



National Board Certified Teacher Program Registration Form

606 Delsea Dr., Sewell, NJ 08080
Phone: (856) 582-7000 Fax: (856) 582-4360

First Name:	Home Phone # ()
Middle Name:	Work Phone # ()
Last Name:	Fax # ()
Address:	E-mail Address:
City:	District or Organization You Work For:
State:	School or Chapter You Work For:
Zip Code:	Occupation:
County of Residence:	Grade Taught:
County of Work:	Subject(s) Taught:

What event are you registering for? (Date and Time are required) * Indicates required field.

*Title: EIRC/NBPTS Candidate Support Classes	* Meeting Dates:
*Location:	*Time:
Advanced Candidate (cost \$99.00) _____ 1st year Candidate (cost \$499.00) _____ **Please check one of the above options**	*Payment Type: (please check one option) <input type="checkbox"/> Purchase order : PO #: _____ <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Credit card (please call w/information)

Information is collected solely for record keeping purposes and will not be available to any other entity for any reason without the written consent of attendee. By submitting this registration form, the attendee agrees to permit EIRC to provide his/her employer with the information concerning credits earned from this event.

Please complete this registration form to participate in the courses listed in this brochure.
Mail or fax to : Dana Johnson

Please confirm your registration one week prior to workshop at
(856)582-7000 x109