

**Churchill Center & School**  
*for Learning Disabilities*

**Registration for Dr. Mel Levine**  
**February 24 & 25, 2009**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

\*Email address: \_\_\_\_\_

Phone number: \_\_\_\_\_

\$225.00 – lunch included

Payment method:

\_\_\_\_\_ Check enclosed

\_\_\_\_\_ Credit Card - complete information below or call (314-997-4343, ext. 260)

Circle one:

Visa          MasterCard          Discover          Diners          American Express

Card Number: \_\_\_\_\_

Expiration: \_\_\_\_\_/\_\_\_\_\_

CVV #: 3 digit code on back of card \_\_\_\_\_

Name as it appears on card:

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Amount: \_\_\_\_\_

Mail to address below – Attn.: Mary Brotherton

\*You will be notified by email once your registration is confirmed.

*No refunds issued 30 days prior to the seminar.*