



Registration Form

(Print this form)

Date: _____ Name: _____	Day Phone: _____ E-Mail: _____
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Mailing Address: _____ _____ Billing Address (if different from above): _____ _____ Personal Learning Programs <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr><td style="padding: 2px;">Target Reading</td><td style="padding: 2px;"><input type="checkbox"/> \$89</td></tr> <tr><td style="padding: 2px;">Target Writing</td><td style="padding: 2px;"><input type="checkbox"/> \$89</td></tr> <tr><td style="padding: 2px;">Target Memory</td><td style="padding: 2px;"><input type="checkbox"/> \$89</td></tr> <tr><td style="padding: 2px;">Target Listening</td><td style="padding: 2px;"><input type="checkbox"/> \$89</td></tr> <tr><td style="padding: 2px;">Target Thinking</td><td style="padding: 2px;"><input type="checkbox"/> \$89</td></tr> <tr><td style="padding: 2px;">Target Study Skills</td><td style="padding: 2px;"><input type="checkbox"/> \$89</td></tr> <tr><td style="padding: 2px;">Custom Program</td><td style="padding: 2px;"><input type="checkbox"/> \$140</td></tr> </table>	Target Reading	<input type="checkbox"/> \$89	Target Writing	<input type="checkbox"/> \$89	Target Memory	<input type="checkbox"/> \$89	Target Listening	<input type="checkbox"/> \$89	Target Thinking	<input type="checkbox"/> \$89	Target Study Skills	<input type="checkbox"/> \$89	Custom Program	<input type="checkbox"/> \$140	<p style="text-align: center;">Select an On-Site Public Seminar</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <td style="padding: 2px;">Target Reading</td> <td style="padding: 2px;"><input type="checkbox"/> 8 Hours - \$240</td> <td style="padding: 2px;"><input type="checkbox"/> 6 Hours - \$195</td> </tr> <tr> <td style="padding: 2px;">Target Study Skills</td> <td style="padding: 2px;"><input type="checkbox"/> 8 Hours - \$240</td> <td style="padding: 2px;"><input type="checkbox"/> 6 Hours - \$195</td> </tr> <tr> <td style="padding: 2px;">Target Writing</td> <td style="padding: 2px;"><input type="checkbox"/> 6 Hours - \$195</td> <td style="padding: 2px;"><input type="checkbox"/> 4 Hours - \$160</td> </tr> <tr> <td style="padding: 2px;">Target Memory</td> <td style="padding: 2px;"><input type="checkbox"/> 6 Hours - \$195</td> <td style="padding: 2px;"><input type="checkbox"/> 4 Hours - \$160</td> </tr> <tr> <td style="padding: 2px;">Target Listening</td> <td style="padding: 2px;"><input type="checkbox"/> 6 Hours - \$195</td> <td style="padding: 2px;"><input type="checkbox"/> 4 Hours - \$160</td> </tr> <tr> <td style="padding: 2px;">Target Thinking</td> <td style="padding: 2px;"><input type="checkbox"/> 6 Hours - \$195</td> <td style="padding: 2px;"><input type="checkbox"/> 4 Hours - \$160</td> </tr> </table> <p>_____</p> <p>Date of Seminar</p> <p>_____</p> <p>Location of Seminar (city, state)</p> <p>On-Line Seminars</p> <p><input type="checkbox"/> Target Reading for Business (\$35)</p> <p><input type="checkbox"/> Target Reading for College (\$25)</p>	Target Reading	<input type="checkbox"/> 8 Hours - \$240	<input type="checkbox"/> 6 Hours - \$195	Target Study Skills	<input type="checkbox"/> 8 Hours - \$240	<input type="checkbox"/> 6 Hours - \$195	Target Writing	<input type="checkbox"/> 6 Hours - \$195	<input type="checkbox"/> 4 Hours - \$160	Target Memory	<input type="checkbox"/> 6 Hours - \$195	<input type="checkbox"/> 4 Hours - \$160	Target Listening	<input type="checkbox"/> 6 Hours - \$195	<input type="checkbox"/> 4 Hours - \$160	Target Thinking	<input type="checkbox"/> 6 Hours - \$195	<input type="checkbox"/> 4 Hours - \$160
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Payment Information

<p>If paying by check, make it payable to: Target Learning</p> <p>Mail this form (and payment) to:</p> <p>Target Learning 941 Orange Avenue, Unit 231 Coronado, CA 92118</p> <p>Or, to register by telephone, call: (888) 514-5904</p>	<p>If paying by credit card, please provide the following information:</p> <p style="text-align: center;">VISA MASTERCARD DISCOVER AMEX</p> <p>Amount: \$ _____</p> <p>Name on Card: _____</p> <p>Card #: _____ Code _____</p> <p>Exp. Date: _____</p> <p>Signature: _____</p>
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<p><i>Office Use Only</i></p> <p>Payment Received <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Amount \$ _____ Date Received _____</p>	<p><i>Office Use Only</i></p> <p>Type of Payment: <input type="checkbox"/> Credit Card <input type="checkbox"/> Check <input type="checkbox"/> Cash</p> <p>Payment Received by _____</p>
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