



enrollment form

Step One: Choose Modules

Choose the modules* you would like to complete by marking the appropriate boxes.

- | | | |
|---|---|--|
| <input type="checkbox"/> Volume 1-No. 1 | <input type="checkbox"/> Volume 2-No. 1 | <input type="checkbox"/> Volume 3-No. 1 |
| <input type="checkbox"/> Volume 1-No. 2 | <input type="checkbox"/> Volume 2-No. 2 | <input type="checkbox"/> Volume 3-No. 2: Available April '09 |
| <input type="checkbox"/> Volume 1-No. 3 | <input type="checkbox"/> Volume 2-No. 3 | <input type="checkbox"/> Volume 3-No. 3: Available July '09 |
| <input type="checkbox"/> Volume 1-No. 4 | <input type="checkbox"/> Volume 2-No. 4 | <input type="checkbox"/> Volume 3-No. 4: Available October '09 |

* Students may only complete each module once. If you are unsure of which modules you have previously registered for, please call 1-800-729-9988.

Step Two: Enroll

Please provide the information in the Student* section below. In addition, complete the Employer section only if enrolling through your work. (Call 1-800-729-9988 to enroll by phone or visit www.highreach.com to enroll online.)

- Please check if: Student is enrolling independently
 Employer is sponsoring student's enrollment

Student

Name: _____

Address: _____

Phone: _____

E-mail: _____

Employer *(If enrolling through employer)*

Center Name: _____

Address: _____

Phone: _____

E-mail: _____

*Each student must submit a separate enrollment form.

Step Three: Payment

Enrollment Fee: Waived (\$20.00 value) *waived for new registrants*

Tuition: \$50.00 per Module

This fee includes access to online modules and assessment, as well as a printed certificate upon successful completion of each module.

Calculating Payment

Multiply the number of modules you wish to order by the price per module (\$50.00). Use calculation form below.

Number of modules ordered _____
Tuition (Price per module) **x \$50.00** _____
Total _____

Payment Calculation Example:	
# of Modules	3
Multiply by	x \$50.00
Total payment	\$150.00

Check Payment

Amount: \$ _____.

(Make checks payable to: HighReach Learning, Inc.)

For Credit Card Payment

Visa Master Card American Express Discover

Card Number: _____

Verification Code: _____ Expiration Date: _____

(3-digit number on back of card)

Signature: _____ Today's Date: _____

(of cardholder)

Cardholder Information

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Mail To:

HighReach Learning, Inc.
Attn: PACE
5275 Parkway Plaza Blvd., Suite 100
Charlotte, NC 28217-1967

