

	Registration Form				
Title of Class	e of ClassAccessible Instructional Materials (AIM)_with Gayl Bowser				
Fee for Class	<u>\$115</u>	Date of Class	Location		
			School District		
E-mail Address					
Home Mailing A	Address				
City/State/Zip _					
Work Telephone	e	H	Iome/cell Telephone		
<ul><li>( ) Purchase ord</li><li>( ) Visa/Mastero</li></ul>	er eard, card	to Central Washington  holders name and tele  x credit card numbers	phone numbers		
For your safety	Sue will c	all the card holder dire	ectly to retrieve the credit card no	umbers.	
Fax Registration	Forms ar	nd Purchase Orders to	509.963.3355 or e-mail to wrigh	ıtsu@cwu.edu	
Mail Registratio	n form wi	th payment to:	_		
Sue Wright					
SETC/CWU					
400 East Un	iversity W	'av			

Ellensburg, WA 98926-7413
For any further questions call Sue at 509.963.3350