



**Check Payment Registration Form**

Course description and schedule information can be found at <http://www.projectaction.com/courses-and-schedule/>

**Note:** This form may be used to submit payment via check or money order for one or more event(s) for one participant. It may NOT be used to pay for event(s) for more than one participant. Separate forms for each participant must be submitted. Payment by credit card must be made via the event website which can be found following the link above.

**Event Participant Information**

Name (first and last): \_\_\_\_\_  
 Organization: \_\_\_\_\_  
 Preferred Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_  
 Country: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
 Email: \_\_\_\_\_

**Responsible Party for Payment (if different from participant)**

Name (first and last): \_\_\_\_\_  
 Telephone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Indicate the event(s) for which the participant is to be registered:**

TYPE OF EVENT	TITLE OF EVENT(S)	CHECK ALL THAT APPLY:	# OF EVENTS	SUBTOTAL
<i>Example: Webinar(s)</i>	<i>FAQ on the ADA &amp; Rural Travel Training Considerations</i>	<input type="checkbox"/> \$45	<u>2</u>	\$ <u>90</u>
Webinar(s)	_____	<input type="checkbox"/> \$45	_____	\$ _____
Pre-recorded Webinar(s)	_____	<input type="checkbox"/> \$30	_____	\$ _____
Online Course(s)	_____	<input type="checkbox"/> \$195	_____	\$ _____
Introduction to Travel Training Workshop	_____	<input type="checkbox"/> \$300	_____	\$ _____
	<i>(INDICATE DATE AND LOCATION)</i>			
Advanced Travel Training Strategies Workshop	_____	<input type="checkbox"/> \$195	_____	\$ _____
	<i>(INDICATE DATE AND LOCATION)</i>			
Travel Trainer Certification Registration	_____	<input type="checkbox"/> \$200	_____	\$ _____
Other (Please Specify):	_____	<input type="checkbox"/> \$ _____	_____	\$ _____
<b>TOTAL ENCLOSED:</b>				<b>\$ _____</b>

**PAYMENT METHOD** Check or money order must be in U.S. funds payable to: **Easter Seals**. Payment must be received by the registration deadline for each event. The registration deadlines can be found on our website by following the link at the top of the page. Registration confirmation and further information will be emailed to the participant once payment is received.

Please check appropriate box:  Check  Money Order  Purchase Order  
 Check #: \_\_\_\_\_ Purchase Order # \_\_\_\_\_ (Invoice will be emailed to the person listed above as the responsible party for payment)

**Please mail this registration form with the check or money order to:**  
**Easterseals**  
 Attn: Grozda Tisma  
 1425 K Street NW, Suite 200  
 Washington, DC 20005

**For purchase orders, you may also email or fax to:**  
**Easterseals**  
 Attn: Grozda Tisma  
 Fax: (202) 737-7914  
 Email: [gtisma@easterseals.com](mailto:gtisma@easterseals.com)