

TEACHERS CLINIC

REGISTRATION
October 22–23, 2018

School Name _____ A Beka Book Account No. _____

Contact Person _____ Address _____

City _____ State _____ ZIP _____ Country _____

School Phone (_____) _____ E-mail _____

Delegate Information

Dr. Mr.	Mrs. Miss	Last Name	First Name	Specific Grade or Office Track	Early Reg. Fee Postmarked by October 8, 2018	Reg. Fee Postmarked after October 8, 2018
1.					\$50	\$60
2.					\$50	\$60
3.					\$50	\$60
4.					\$50	\$60
5.					\$50	\$60
6.					\$50	\$60
7.					\$50	\$60
8.					\$50	\$60
9.					\$50	\$60
10.					\$50	\$60
11.					\$50	\$60
12.					\$50	\$60

Payment Information

Payment Type

- Check or Money Order Enclosed
 Visa
 MasterCard
 Discover

Required for processing credit card application: name, credit card number, expiration date, security code, and ZIP code.

Cardholder's Name (Please Print)

Credit Card Number

□□□□ □□□□ □□□□ □□□□

Expiration Date

□□ / □□
Month Year

Security Code

□□□

ZIP Code

□□□□□

Charge Amount

\$ _____

Registration can be mailed or faxed.

Credit card registrations may be sent to the Clinic by fax by October ,XX 2018, if space is still available.

Reservation Office
 Pensacola Christian College
 P.O. Box 18000
 Pensacola, FL 32523

☎ (850) 479-6576