Text

Description automatically generated with medium confidence

Send registration form to [Emily@LoVerdeGroup.com](mailto:Emily@LoVerdeGroup.com) Once received, you will be emailed a link to the course information and log on.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Select | Course Title/Date | Course | Credits | Fee |
| ⃞ | Issues in Education: Understanding How They Are Impacting Your Profession | EDRU 9003 | 3 | $400 |
|  | Dates/times                October 3-4       8:00-4:00 |  |  |  |
| Total |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Registration Information: (All Information is Required)** | | |
| First Name: | Last Name: | M.I. |
| Address: | | |
| City: | State: | Zip: |
| Date of Birth (mm/dd/yy): | Phone Number: | |
| Email: | | |

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| **Method of Payment** | |
| Check Number: (Attached) Payable to: “University of Massachusetts Global” | |
| Credit Card: ⃞ VISA ⃞ Master Card ⃞ Discover ⃞ AMEX | |
| Card Number: | Expiration Date: \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_ |
| Signature: | Date: |

