



Christian Life Educators Network

REGISTRATION FORM

Please enclose a \$25.00 fee with form.

1. Personal Information

Please type or print in black ink.

Full Name: (Maiden)		Last	First	Middle
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss				
Social Security Number:		Mailing Address (Street):		
Date of Birth:		City, State, Zip, Country		
Home Phone ()		Work Phone: ()	Fax: ()	
Employment:			E-Mail:	

2. School Information

If distance education student, check box and skip to Section 3

School ID:	School Name:		
Mailing Address (Street):	City, State, and Zip	Pastor/Chancellor's Name	

3. Method of Payment

Check Number (Payable to Christian Life Educators Network):	Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard		
Credit Card Number	CCV*	Credit Card Expiration Date:	
Name on Credit Card:	Cardholder's billing address		

* Must be completed for order to be processed

Student:

Name (type or print)

Signature

Date

For Office Use Only

Do not write below this line.

Center	Amount Paid:	Check #:	Date:	I was referred to by:
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