

Activity Director Certification Services

Mail registration and check payable to: **Theresa Thorland**
10509 390th Street
Thompson, IA 50478

Fax or email registration and credit card information to: 641-584-2870 / dtntt@wctatel.net

Call in credit card information to: **641-390-0223** Secondary: **641-590-2673**

Credit Card #: _____ Expiration Date: _____

3 Digit Security Code #: _____ Credit Card Billing Zip Code: _____

Please check course(s) and payment method:

Check/Money Order

Credit Card

Activities 101 / Home Care Certification (10 CEUs):

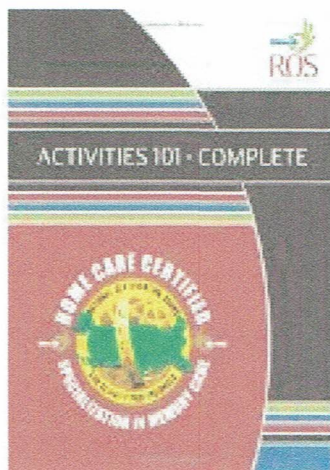
\$105.00 _____

\$109.00 _____

Student is to purchase book **Activities 101 - Complete** separate from course fee. May purchase at

www.amazon.com or

R.O.S. Therapy Systems, www.ROSTherapySystems.com 888-352-9788



Registration fee is nonrefundable after 7 days from receiving payment. There will be a \$25.00 cancellation fee

Student Information

Name---Please print clearly _____

Street---Please print clearly _____

City, State, Zip---Please print clearly _____

Phone _____

E-mail---Please print clearly _____

Signature/Date _____