

2009 ILLINOIS SCHOOL BUS DRIVER INSTRUCTOR TRAINING

REGISTRATION FORM

Please check the box next to the training site and date that you want to attend and are registering for below:

| | | |
|---|---|---|
| <input type="checkbox"/> Monday, June 22, 2009 Peoria Sch. Dist. 150 Board Room 3202 North Wisconsin Peoria, IL 61603 | <input type="checkbox"/> Tuesday, July 28, 2009 Marquardt Dist. 15 Admin. Cntr. 1860 Glen Ellyn Road Glendale Heights, IL 60139 | <input type="checkbox"/> Thursday, July 30, 2009 Central Grade School Cafeteria 10421 North U.S. Highway 45 Effingham, IL 62401 |
|---|---|---|

INSTRUCTOR'S NAME: _____

HOME ADDRESS: _____

PHONE NUMBER _____

E-MAIL ADDRESS: _____

NAME OF REGIONAL OFFICE OF EDUCATION: _____

EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____

EMPLOYER'S PHONE: _____

PAYMENT METHOD:

By Credit Card

By Check

By Purchase Order

Visa/MC #: _____

Expiration Date: _____

PO #: _____

Amount Authorized: _____

Check #: _____

Authorized Signature: _____

Name on Card: _____

Amount: _____

Special Note: Please do not send your First Aid Card, your Application, or any other materials to the Professional Development Alliance. Aside from this form and your \$25 payment, all materials should be brought with you to the workshop.