

# Shirley Ryan AbilityLab Academy Registration Form

Please **TYPE or PRINT** your name and professional initials as it should appear on your continuing education certificate.

Course Event Title \_\_\_\_\_

Course Date \_\_\_\_\_

Course Location \_\_\_\_\_

Name \_\_\_\_\_

First Name

Last Name

Professional Initials \_\_\_\_\_

Home Tel (    ) \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Facility \_\_\_\_\_

Work Tel (    ) \_\_\_\_\_ Fax (    ) \_\_\_\_\_

Work Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Position \_\_\_\_\_

To receive information from the Academy by e-mail please provide us with your e-mail address

\_\_\_\_\_

## Method of Payment (Please Note: Registration Will Not Be Processed Without Full Payment)

Check enclosed

Master Card

Visa

### When Paying By Check

**Make checks payable to:**  
Shirley Ryan AbilityLab

**Submit your payment to:**  
AbilityLab Academy  
Dixon Education &  
Training Center  
12th Floor

### For Credit Card Payment

Personal Credit Card

Corporate Credit Card

Credit Card # \_\_\_\_\_ Exp: \_\_\_\_\_

Address (of individual whose name appears on card)  
\_\_\_\_\_

355 E. Erie,  
Chicago, IL 60611

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

*Credit card registrations may be faxed to: (312) 238-4451. If you fax your registration, do not send another registration by mail.*

FOR OFFICIAL USE: # \_\_\_\_\_ CC 01.94034 D \_\_\_\_\_ A \_\_\_\_\_ PWPRO \_\_\_\_\_ CL \_\_\_\_\_