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## **Printing Instructions**

To print this page, simultaneously press your "Ctrl" and "P" keys. When the print window opens, press the "O.K." button and your browser will send this document to your default printer.

## Fax/Mail Registration Form

## **Fax Registration Instructions**

Fill in all required information, print this form and fax it to one of the following numbers:In the Orlando area:(407) 740-8177Toll Free:1-800-370-2600

## **Mail Registration Instructions**

Fill in all required information, print this form and mail it to the following address:

**Teacher Education Institute** 1079 West Morse Blvd. Winter Park, Florida 32789-3751

First Name	David				
Last Name	Saphra				
Social Secu	rity Number 086420910				
Street Addr	ess 9 Divney Lane				
City Irvington			NY	Zip Code	10533-1403
Home Phone 914-591-2012 School Phone 718-798					
School Name PS146X - Edward "Pop" Collins Elementary School					
School Street Address 968 Cauldwell AvenueAvenue					
City Bronx		State	NY	Zip Code	10567
E-Mail Address dsaphra@gmail.com					
Course Nan	ne Effective Classroom Manageme	ent			
Course Loc	ation Online				
Course Date Feb 12 - May 13, '08					

After you have completed this form, please print it from your browser application. Then, either mail the form, along with your check, to TEI or fax it to one of the numbers listed above. If faxed, we will call you upon receipt for your credit card payment.

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