



# 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: _____ Last _____ First _____ Middle _____ (Maiden)				
<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

\_\_\_\_\_  
Name (type or print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
How did you hear about us?

### For Office Use Only

*Do not write below this line.*

Center	Amount Paid:	Check #:	Date:
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