

Katrina Miller Enterprises, Inc.
dyslexiatrainingservices.com

Training Registration Form

Course Name: _____ Course Date: _____

Cost: _____

Attend virtually via Zoom or In-person: _____

Name of Attendee: _____ District: _____

Campus: _____ PO Number: _____

Attendee Address: _____ City, State Zip: _____

School Phone Number: _____ Teacher Cell Number: _____

Email Address: _____ Grade level(s) currently teaching: _____

Specialized experience, training or certifications: _____

If you have previous experience teaching dyslexia, please indicate which curriculum: _____

Where did you receive the training for the above curriculum? _____

Please return completed registration form via email at Katrina@dyslexiatrainingservices.com

Payment may be mailed to: Katrina Miller Enterprises, Inc., P.O. Box 804, Roanoke, Texas 76262

If district will be paying for registration via Purchase Order, please attach copy with the registration form and include address below:

Billing Address: _____ City, State, Zip: _____

For more information, please contact Katrina Miller at 940-758-2100.