



REGISTRATION FORM

Register Online <https://www.hol.edu/cart.cfm>

Phone: 360/341-3020

FAX: 360/341-3070

MAIL: The Heritage Institute

PO Box 860, Clinton, WA 98236

www.hol.edu

Photocopy this Form

Keep the original for future use

Course Credits

9 Quarter Cr maximum each—Fall, Winter, & Spring quarters. 15 Quarter Cr maximum—Summer quarter.

CREDITS REQUESTED - CHECK ONE:

- 400 Level Quarter Cr 500 Level Quarter Cr
 WA State clock hours OR PDU
 Audit CEU

Payment

Materials fees are to be paid directly to the instructor. Do not include with tuition.

NOTE: Additional postage charges will apply to international mailings.

Payment is due in full by check, credit card, P.O. or M.O.

Check one:

- Check # _____ Amount \$ _____
 P.O.# _____ Amount \$ _____
 M.O.# _____ Amount \$ _____

Credit Card: Visa MasterCard

_____-_____-_____-_____

Expiration Date: _____ (mm/yy)

3-4 digit Security Code: _____

 First Name Middle Initial Last Name Social Security Number

 Permanent Mailing Address City State Zip

() _____ () _____
 Home Telephone Daytime Telephone E-mail Address

I do not want to receive email messages about upcoming classes.

School District: _____ Grade: (Circle One) K-3 4-5 6-8 9-12 College Admin Specialty _____

How did you find out about The Heritage Institute? _____

COURSE NUMBER	COURSE NAME (AND DATE IF APPLICABLE)	QUARTER CREDITS	TUITION
AGREEMENT: I request registration in the courses indicated. I have read and agree to the Polices and Credits statement of The Heritage Institute catalog and website.			\$

 Signature

 Date