



On-Demand Training Registration Form

Please type or print the presentation title/s you wish to order on the line below (attach additional pages if necessary)

Print Name

Job Title

Institution/Organization

Address

City

State/Province

Zip/Postal Code

Country

Telephone

Fax

Email

Innovative Educators Password

(Choose a password for our records and future registrations)

Assistant's email

(For registration confirmations & pre-conference communication)

Payment Method

Type or print registration fee here: \$ _____

Fax the completed form to 1-866-508-0860, email to support@ieinfo.org or mail to 3277 Carbon Place, Boulder, CO 80301. If you have any questions, call us at 303-955-0415.

Paying by: (select one)

Credit Card

Check

Purchase Order (if applicable) P.O.#: _____

(If you select PO as your payment method, a PO number is required.)

Credit Card



Name On Card

Account Number

Billing Address

Billing City

Billing State

Billing Zip/Postal Code

Exp. Date

Security Code (last 3 digits on the back of Visa and MC)