



## REGISTRATION FORM

1. Please complete all portions of this registration form. One form may be used for multiple classes.
2. Please check your dates. You should not register for classes with session dates that overlap.
3. **In-Service courses are \$90 per credit.** All In-service registrations must be accompanied by a \$50 non-refundable deposit for each class, which will go toward your tuition.
4. **Graduate level courses are \$610.00 per class.** All graduate level registration must be accompanied by a \$100 non-refundable deposit for each class, which will go towards your tuition.
5. The balance must be paid at or before the first class session. Balances may be prepaid by mail or phone with a check or credit card.
6. On-line classes must be paid in full at the time of registration.
7. Registrants will receive a \$10 discount when they prepay their balance with check or credit card, by mail or phone.
8. Referral discounts are given to current students for new applicants at time of registration.
9. **Discounts DO NOT apply to Graduate level courses.**
10. Please make checks payable and send to:

**DELLECAYE EDUCATIONAL INSTITUTE FOR PROFESSIONAL DEVELOPMENT (DEIPD)**  
**1650 SYCAMORE AVE. • SUITE 12 • BOHEMIA, NY 11716**  
**ANY QUESTIONS, PLEASE CALL (631) 589-4500 • FAX (631) 589-4305**  
E-MAIL ADDRESS: [deipd@dellecave.org](mailto:deipd@dellecave.org)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

School District: \_\_\_\_\_ Subject: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Is this your first class with DEIPD? Y N Referred by: \_\_\_\_\_

Would you like to receive our e-catalog? Y N

<u>COURSE TITLES</u>	<u>START DATE</u>	<u>LOCATION</u>	<u>In-service/Grad</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

Method of Payment : \_\_\_\_\_ Amount Enclosed: \$ \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

For office use only

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Roster entry: \_\_\_\_\_  Credit Card: \_\_\_\_\_  Confirmation: \_\_\_\_\_  Catalog: \_\_\_\_\_  Referral: \_\_\_\_\_

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