

C.A.L. Reading Clinic: Center to Advance Literacy

1432 Greenlawn Drive

Munster, Indiana 46321-2610

www.CALreadingclinic.com

Illinois: 630-880-0750

Indiana: 219-838-2539

Phono-Graphix Refresher Course Registration

Name: _____

Street Address: _____ Apt. # _____

City, State, and Zip Code: _____

E-Mail Address: _____

Home Telephone: () _____ Best Times: _____

Work Telephone: () _____ Best Times: _____

Cell Phone No.: () _____ Best Times: _____

Information Regarding Previous Training:

Trainer Name: _____

Training Location: _____ Date: _____

Type of Training: 35-Hour Certification Course One Day Internship Course

In-Person On-Line

Previous Phono-Graphix Use:

Classroom Resource Room

Volunteer Position Private Practice

Are you currently using the Phono-Graphix program? Yes No

Do you have a Phono-Graphix kit? Yes No

I am registering for the training being offered:

Date: _____ Location: Munster, IN Lombard, IL

I am interested in attending the training on the following days:

Day 1 Day 2 Day 3 Day 4 Day 5 All 5 Days

Please mail this registration form, a copy of your certificate, and payment to

Charmaine Boswell at the address above.

Please make checks payable to: C.A.L. Reading Clinic