

## Registration Form - BPE Consulting Firm, LLC

**ADVANCED REGISTRATION IS REQUIRED FOR ALL BPE PROGRAMS.**

To register, please fill out the registration form completely and mail to:

**BPE Consulting Firm, LLC - Registrar  
18250 Harwood Ave., Homewood, IL 60430**

**Or for faster registration FAX to: (708) 799-7752**

**Please note:**

- **Your cancelled check is your receipt.**
- **If your school is sending purchase orders to cover registration fees, please send registration forms with purchase orders.**
- **If you have a physical disability and require special accommodations, please contact us at 708-960-0456 or [servicing@bpeconsulting.com](mailto:servicing@bpeconsulting.com).**

Please indicate ( )Teacher ( )Administrator ( )Support Staff

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Grade Level(s) \_\_\_\_\_

Home Address \_\_\_\_\_ Home City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address \_\_\_\_\_

Title \_\_\_\_\_ District No. \_\_\_\_\_ School Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ School Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ School Fax (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Registration No.	Program Title	Start Date	Time	Fee
				\$

Please sign below to complete registration.

**TOTAL \$** \_\_\_\_\_

Receipt (by mail or FAX) of a completed registration form constitutes your agreement to attend and pay for the program. If you have provided an email address, a confirmation of your registration will be provided via email, otherwise a confirmation will be provided by fax. Refunds will be issued only to participants who call the BPE office seven (7) days prior to the program date. Where enrollment is limited, registrations will be processed in the order they are received. BPE reserves the right to cancel any program due to lack of enrollment.

Signature \_\_\_\_\_ Date \_\_\_\_\_