

# NATIONAL INSTITUTE FOR LEARNING DEVELOPMENT

2014 Course Application

## Rx 4 Discovery Math & Rx for Discovery Reading



SAVE  
up to \$100  
if application  
received by  
March 31,  
2014.

APPLICANT INFORMATION	
Name:	
<small>(Please use school address if you will be working at a school-based program or business address for private practice)</small>	
Current address:	
City/State/zip:	Phone:
E Mail:	Date of Birth: MM/DD/YY
Emergency Contact/ Relationship:	Emergency Phone:
EXPERIENCE	
NILD Courses successfully completed (check all that apply):	NILD Professionally Certified Educational Therapist: Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Level I      Year:	Number of years giving NILD Educational Therapy:
<input type="checkbox"/> Level II      Year:	Average number of NILD ET students per year:
<input type="checkbox"/> Level III      Year:	
<input type="checkbox"/> I am a classroom teacher in a school that has an <b>established</b> NILD Program. Program Coordinator: _____ School: _____	
<input type="checkbox"/> I am in a school <b>desiring to implement</b> the NILD program. My Position: _____ Administrator's name: _____ School: _____	
<input type="checkbox"/> I am independent of a school	<input type="checkbox"/> Other (explain): _____
SIGNATURE. I affirm that, to the best of my knowledge, all of this information is complete and accurate:	
Signature of applicant:	Date:
COURSE Location and Dates	
<u>Location:</u> Regent University 1000 Regent University Drive Virginia Beach, Virginia 23464, USA  <u>Course Dates:</u> NILD Rx 4 Discovery Math August 4 – 6, 2014 (Mon – Tue 8:30a – 4:00p, Wed 8:30a – 12:00p)  NILD Rx for Discovery Reading August 6 – 8, 2014 (Wed 1:00p – 4:00p, Thu - Fri 8:30a – 4:00p)	(select one or both): <input type="checkbox"/> NILD Rx 4 Discovery Math  <input type="checkbox"/> NILD Rx for Discovery Reading

National Institute for Learning Development

801 Greenbrier Parkway, Suite B, Chesapeake, VA 23320 PH: 757-423-8646 FAX: 757-451-0970 Email: [info@nild.org](mailto:info@nild.org)

[www.nild.org](http://www.nild.org)

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### FINANCIAL INFORMATION

**Course Fees** - Registration Fee(s) due with application. Tuition due April 21, 2014.

Rx Math Registration Fee ( <del>\$150</del> \$100 if application received by March 31, 2014)	\$
Rx Math Tuition (\$450)	
Rx Reading Registration Fee ( <del>\$150</del> \$100 if application received by March 31, 2014)	
Rx Reading Tuition (\$450)	
<i>Total Course Fees</i>	\$
<b>Total Course Fees ENCLOSED</b>	\$

#### Acknowledgement of cancellation and training requirement policies

To cancel this transaction I will provide notice of my cancellation to NILD via mail, email, fax, hand-delivery, or phone call. I have reviewed, understand, and will abide by the cancellation policies and training requirements listed below.

- I may cancel this agreement without penalty within 3 business days of registering.
- After the 3-day right to cancel period and up to two weeks prior to the online start date, NILD will refund reg and tuition minus a \$75 processing fee.
- In the two weeks prior to the start date of online, no registration fees will be refunded, any tuition paid will be refunded.
- After the online start date no registration or tuition fees will be refunded. Tuition fee may be applied to a future course.
- While it is rare, NILD may have to cancel or change dates and locations of its courses. In such a case, participants will receive a full refund.

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(Signature of Applicant)

(Date)

Check enclosed (Please make checks payable to NILD)  Charge \$\_\_\_\_\_ to my:  VISA  MC  Disc  AMEX

Account Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_

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Cardholder Name (please print)

Email address (if different than above)

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Credit Card Billing Address (required)

City, State, Zip, Country

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Shipping Address (no PO Box for materials shipments)

Signature (required for cc pmt)

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