

**Registration Form for the Texas IIM Trainer Institute**  
**Region 4 ESC—7145 West Tidwell, Houston TX—January 9-12, 2012**

Active Learning Systems presents **IIM: Independent Investigation Method Trainer Institute**

**Registration Methods**

Fax: 603-679-2611

Mail: Active Learning Systems, PO Box 254, Epping, NH 03042

Email: kim@iimresearch.com

**Tuition**

Individual: \$675.00

**Registration Deadline: Dec. 16, 2011**

**Part 1: Contact Information (1 person per form)**

Name \_\_\_\_\_ District: \_\_\_\_\_

School: \_\_\_\_\_ Position: \_\_\_\_\_ Grade (s) \_\_\_\_\_

Work Address \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Email: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Email: \_\_\_\_\_

**Part 2: IIM Background**

Please describe your IIM experiences (training, years using IIM, experience with IIM)

Have you ever conducted staff development training sessions, IIM or other? \_\_\_\_\_

If so, please describe. \_\_\_\_\_

What are your goals in attending this training? \_\_\_\_\_

Other pertinent information: \_\_\_\_\_

**Part 3: Payment Information - Payment by check, credit card, or purchase order**

Amount to be paid \$ \_\_\_\_\_

\_\_\_\_\_ Check (payable to Active Learning Systems) Check # \_\_\_\_\_

\_\_\_\_\_ Purchase Order # \_\_\_\_\_

\_\_\_\_\_ Credit Card (check one)      \_\_\_\_\_ Visa      \_\_\_\_\_ MasterCard

Account # \_\_\_\_\_ CVV# \_\_\_\_\_ Exp Date \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Billing Address \_\_\_\_\_

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

**You will receive confirmation of your registration!**