

REGISTRATION FORM

Complete this form and mail or fax to:

**Michigan Dyslexia Institute
532 E. Shiawassee Street
Lansing, MI 48912-1214
Fax: 517-485-4076
www.dyslexia.net**

DATE: _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE #'s:

(home) _____ (work) _____ (cell) _____

E-mail address _____

Title of Workshop(s) _____ Date _____ Fee _____

Method of Payment: _____ Check _____ Mastercard _____ Visa

Credit Card # _____ Expiration Date _____

Signature _____

All registration is handled by the MDI State Headquarters

Phone: 517-485-4000 Fax: 517-485-4076

Please register early!