

Print out this form,  
complete and mail  
with your payment to:  
CEPA,  
PO Box 52,  
Peoria, IL 61650  
or you may Fax  
the completed form to:  
309-263-8075 if using  
credit card or P.O.

### SPECIAL NEEDS

Course sites are wheelchair accessible. If you have other special needs, please advise CEPA immediately and we will attempt to make reasonable accommodations. Please allow 30 days advance notice for special requests.

Indicate the course you plan to attend

**Title**

**Dates Held**

**Location**

**YOU MUST PRINT CLEARLY**

Name \_\_\_\_\_  
LAST FIRST MIDDLE INT.

Address \_\_\_\_\_  
NUMBER & STREET CITY & STATE ZIP

Discipline \_\_\_\_\_

Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_ Fax Number \_\_\_\_\_  
AREA CODE AREA CODE

Please send me confirmation/directions via:  Fax (make sure your number is listed above)  E-mail (make sure you print clearly above)  U.S. mail (**MUST include self-addressed, stamped envelope**)

**Please provide information as requested above, for each person/class attending**

WE HONOR:  MasterCard  VISA

CREDIT CARD NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_ SIGNATURE OF CARDHOLDER \_\_\_\_\_  
if using credit card