

Forty-Hour Professional Guardianship Course Registration Form

Please mail, fax or hand-deliver the registration form with the registration fee to:

**Office of Public Guardian, Inc.
1425 East Piedmont Drive, Suite 201-B
Tallahassee, FL 32308
(850) 487-4609, ext. 104 Phone
Toll-Free: (866) 615-0284
(850) 922-2986, Fax
Email: Karen.Campbell@bigbendopg.org**

Registrant Information

Name: _____

Mailing Address: _____

Phone: _____

Fax: _____

Email: _____

Special Accommodations Needed: _____

Course Dates: September 29 & 30, October 1 & 2, 2017

Payment Enclosed (covers cost of instruction only):

_____ **Course Instructional Fee \$400 (includes digital materials)**

_____ **Course Instructional Fee plus printed materials \$445**

_____ **Check**

_____ **Money Order**

_____ **Visa or Master Card #** _____

Expiration Date: _____

Cash accepted day of class only. Only registrations paid in full can reserve a seat in class. \$35 fee on all returned checks.

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For Office Use Only:

Number: _____

Payment Received: _____