

IFL COURSE REGISTRATION FORM

Today's date: _____

Name of Course(s): _____

Semester (Fall, Winter, Summer) _____

Name of Participant: _____

Telephone number: _____

Email: _____

Address: _____

Cost: _____

Are you enrolled in a Program of Studies with IFL? _____

If yes, what is the discounted cost? _____

Method of payment: _____

Make out checks to the "Institute for Learning"

Mail registration to -

George Keeler, PO Box 413, North Springfield, VT 05150

or email to iflvtnh@gmail.com.

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