



# REGISTRATION FORM

Register Online <https://www.hol.edu/cart.cfm>

Phone: 360/341-3020

FAX: 360/341-3070

MAIL: The Heritage Institute

PO Box 1273, Freeland, WA 98249

[www.hol.edu](http://www.hol.edu)

**Photocopy this Form**

Keep the original for future use

\_\_\_\_\_  
 First Name Middle Initial Last Name Social Security Number

\_\_\_\_\_  
 Permanent Mailing Address City State Zip

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
 Home Telephone Daytime Telephone E-mail Address

I do not want to receive email messages about upcoming classes.

School District: \_\_\_\_\_ Grade: (Circle One) K-3 4-5 6-8 9-12 College Admin Specialty \_\_\_\_\_

How did you find out about The Heritage Institute? \_\_\_\_\_

COURSE NUMBER	COURSE NAME (AND DATE IF APPLICABLE)	QUARTER CREDITS	TUITION
<b>AGREEMENT:</b> I request registration in the courses indicated. I have read and agree to the Polices and Credits statement of The Heritage Institute catalog and website.			\$

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Course Credits

9 Quarter Cr maximum each—Fall, Winter, & Spring quarters. 15 Quarter Cr maximum—Summer quarter.

### CREDITS REQUESTED - CHECK ONE:

- 400 Level Quarter Cr     500 Level Quarter Cr  
 WA State clock hours     OR PDU  
 Audit     CEU

## Payment

**Materials fees are to be paid directly to the instructor. Do not include with tuition.**

**NOTE: Additional postage charges will apply to international mailings.**

Payment is due in full by check, credit card, P.O. or M.O.

Check one:

- Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 P.O.# \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 M.O.# \_\_\_\_\_ Amount \$ \_\_\_\_\_

Credit Card:  Visa  MasterCard

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-

Expiration Date: \_\_\_\_\_ (mm/yy)

3-4 digit Security Code: \_\_\_\_\_