Registration Form

Irlen Screener Certification Workshop

October 23 - 25, 2026

NAME _____ HOME PHONE _____

ADDRESS _____ CELL PHONE _____

CITY _____ POSTAL CODE _____

EMAIL _____

Payment by cheque, money-order, Visa / Mastercard or e-transfer.

Visa/Mastercard # __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

Expiry Date __ __/__ __

Security Code (back of card) __ __ __

Amount Paid $ _____

Signature _____ Date _____

Please return form, payment, cover letter and resume to

Reading & Writing Consultants, Inc.	Phone	**780-439-8120**
9697 – 45 Ave. NW	Fax	780-439-8125
Edmonton, AB T6E 5Z8	Email	reading@telus.net

Website www.irlenalberta.ca

FOR MORE DETAILS, PLEASE CONTACT
READING & WRITING CONSULTANTS