



Professional Development Institute (PDI) Registration Form

THE INFINITY PROJECT

Instructor Information:

First Name _____ MI _____ Last Name _____

Home Mailing Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Mobile Phone (____) _____ Other Phone (____) _____

Primary e-mail _____ Alternative e-mail _____

Institute's Information:

School Name: _____

School Mailing Address: _____ City _____ State _____ Zip _____

School Phone (____) _____ School Fax (____) _____ Website _____

Emergency Contact Information: In the rare case that an emergency arises during training, we need to have contact information for a family member or friend:

1st Choice:

Name _____ Relation _____

Phone (____) _____ Mobile Phone (____) _____

2nd Choice:

Name _____ Relation _____

Phone (____) _____ Mobile Phone (____) _____

If you need **Special Assistance** due to a disability, please check here. Describe your needs below and provide an evening phone number.

Training Institutes: (Costs - \$750 for 5-day PDI; \$450 for 3-day PDI)

Course(s)	Date	Location	Cost
_____	_____	_____	_____
_____	_____	_____	_____
1 - The Infinity Project Technology Kit (Add \$409 to cost to place an order)			_____
		Total \$	_____

Method of Payment:

Credit card: __AMEX __Discover __Mastercard __VISA

Credit Card # _____ Expiration Date _____ Signature _____

School Purchase Order (copy attached) PO No. _____

Check No: _____ (no personal checks) Institutional check only and made out to SMU

Money Order/Travelers Check #: _____

**Mail or fax completed form with payment to: Infinity Project, P.O. Box 750338, Dallas, Texas 75275-0338
Fax: 214-768-3573, Attn: Administrative Assistant)**