



PARTICIPANT CREDIT APPLICATION INFORMATION

World Class Teaching Mentor Program

Location: School Districts

Date(s): 2015-2016 SY

Instructor(s): Tammy Kirkland

CEU'S

SEX: () MALE () FEMALE

LAST NAME FIRST NAME MIDDLE INITIAL

MAILING ADDRESS

CITY STATE ZIP CODE

SOCIAL SECURITY

DATE OF BIRTH

SCHOOL DISTRICT: _____

SCHOOL: _____

POSITION: _____

EMAIL: _____

CELL PHONE _____

MARK YOUR FORM OF PAYMENT FOR CEUs ONLY:

_____ \$15 CASH

_____ \$15 CHECK NO. _____

_____ \$15.85 CREDIT/DEBIT CARD

CC# _____ EXP _____/_____/_____ CSV _____ Zip _____

MAKE CHECKS OUT TO NMEC - - - FEE INCLUDED FOR CREDIT/DEBIT CARD TRANSACTIONS