

Practical Parent Education
2300 W. White Ave., Suite 102
McKinney, Texas 75071
877.340.6262
ppe@practicalparent.org
Initial Parent Educator Training
Registration Form

Selected Training Location: _____ Dates of Training: _____

PPE Subscriber Name: _____

Affiliation : _____

Mailing Address: _____

City: State: Zip: _____

Billing Address (if different from above) _____

City: State: Zip: _____

Telephone: () _____ E-mail: _____

Billing Information: Choose one:

_____ I am a current PPE Subscriber, my fees have been paid

_____ New Subscription Package, including Initial Parent Educator Training, PPE Curriculum
(English and Spanish), *Parenting Quick Tips* and *Connections* newsletter subscription: **\$1,000.00**

Please Choose One: Registration will not be processed without payment or purchase order.

_____ Payment enclosed; make check payable to Practical Parent Education

_____ Please bill me for Subscription registration fees, purchase order number _____

_____ Please charge my (circle one) Visa or Mastercard:

Number _____ Name on Card _____

Expiration Date _____ VIN (security code on back of card) _____

Signature _____

**Please FAX this form to: 888.789.3684; or mail to: Ellen Rusch, Practical Parent Education,
2300 W. White Ave., Suite 102, McKinney, TX 75071. If you have any questions, please call
877.340.6262.**