



# MAIL-IN FORM FOR CHECK OR PURCHASE ORDERS

School District \_\_\_\_\_

**Attendee Name (Please Print)**

**eMail Address**

---

---

---

---

---

---

---

---

---

---

**SELECT ONE:**

For 3 University Credits

Non - University Credits

\$1449 (If received by May 1st)

\$774 (If received by May 1st)

\$1549 (If received after May 1st)

674(If received after May 1st)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please make check or purchase order payable to:**

PD Campus, LLC

PO Box 6762

Wyomissing, PA 19610