

# EdNova Stipulations Workshops Payment Form

Please send this form & a copy of your DPI stipulations letter to:  
*EdNova, P.O. Box 129, Ladysmith, WI 54848*  
 Fax: 888-511-0134 email: *karen@norda.com*

Name:
Address:
Phone:
e-mail:
DPI License #:

*Check EdNova stipulations workshops for which you are paying.*

- \_\_\_ Conflict Resolution Online Workshop ..... \$75
- \_\_\_ Cooperatives Online Workshop ..... \$75
- \_\_\_ Environmental Education Face-to-Face *and* Online Workshop ..... \$100
- \_\_\_ Environmental Education Online Workshop *only* ..... \$75
- \_\_\_ Minority Relations Online Workshop ..... \$75
- \_\_\_ Reading & Language Arts Online Workshop ..... \$75
- \_\_\_ Special Education Online Workshop ..... \$75
- \_\_\_ Early Childhood Language Development ..... \$75
- \_\_\_ Functions and Guidance of Play ..... \$75
- \_\_\_ Parent Involvement in Early Childhood Programs ..... \$75
- \_\_\_ Models, Methods and Curriculum of Early Childhood Education ..... \$75
- \_\_\_ Early Childhood Assessment ..... \$75

Total amount due \$ \_\_\_\_\_

Enclosed is a check for \$ \_\_\_\_\_ as payment in full for the above workshops.  
*Make check payable to: EdNova*

-- or --

Please use the credit card information below to make full payment of \$ \_\_\_\_\_.

Permission for Charges \_\_\_\_\_

*Signature* \_\_\_\_\_

Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_

Complete name on card \_\_\_\_\_ (circle one) Visa/MasterCard/Discover

Billing address for card \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_