

**RETURN  
REGISTRATION  
FORM TO:**

Center for Leadership  
& Professional  
Development

Campus Box 372  
Lake Erie College  
391 West Washington Street  
Painesville, Ohio 44077

**LISA STRAUSBAUGH**

Director of the  
Center for Leadership  
and Professional Development  
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lstrausbaugh@lec.edu

**PROFESSIONAL DEVELOPMENT  
FALL 2018 REGISTRATION**



**LAKE ERIE**  
COLLEGE

**CENTER FOR LEADERSHIP &  
PROFESSIONAL DEVELOPMENT**

\_\_\_\_\_  
Name:

\_\_\_\_\_  
Address / city / state / zip code:

\_\_\_\_\_  
Home phone:

\_\_\_\_\_  
Work / cell phone:

\_\_\_\_\_  
Email:

\_\_\_\_\_  
Social security number

\_\_\_\_\_  
Date of birth:

\_\_\_\_\_  
Employer/district:

\_\_\_\_\_  
Grade level/subject:

\_\_\_\_\_  
Degree:

\_\_\_\_\_  
School:

\_\_\_\_\_  
Date license expires:

Have you taken a course at lake erie college before?  Yes  No

\_\_\_\_\_  
If yes, please provide your lake erie college student id number.

Registering for:  Graduate credit  
 Non-credit (audit)

Please indicate:  Letter Grade  
 Pass/Fail

**COURSE(S) REQUESTED**

ED \_\_\_\_\_

ED \_\_\_\_\_

ED \_\_\_\_\_

ED \_\_\_\_\_

ED \_\_\_\_\_

ED \_\_\_\_\_

Pay with:

Check\*  VISA  MasterCard  Discover  American Express

*\*please make checks payable to Lake Erie College*

\_\_\_\_\_  
Name as it appears on credit card:

\_\_\_\_\_  
Credit card number:

\_\_\_\_\_  
Cvc code: (last three digits above signature)

\_\_\_\_\_  
Expiration date:

\_\_\_\_\_  
Amount authorized:

\_\_\_\_\_  
Signature/date:

**PLEASE DO NOT MAIL A CHECK FOR AN ON-CAMPUS COURSE LESS THAN ONE FULL WEEK PRIOR TO THE FIRST DAY OF THAT CLASS.**

Visit [https://leo.lec.edu/ics/professional\\_development/](https://leo.lec.edu/ics/professional_development/) and register today!

Try our convenient,  
secure and  
streamlined online  
registration and  
confirmation system.  
Visa, MasterCard,  
Discover, American  
Express and checks  
are accepted.

**REGISTRATION FORM**