

**Michael Institute**  
**Waldorf Grades Teacher Training (External)**  
**REGISTRATION FORM for year 2009-2010**

Name .....

Tel .....

Address .....

City ..... State ..... Zip.....

Email ..... SS# .....-.....-.....

Gender [ ] Date of Birth .....

Please indicate reasons for wishing to take the course (new students only):

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Please give a brief biography (new students only):

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Please check which Year of the Teacher Training this is for you:

[ Foundation Year 1 ], [ 2 ], [ 3 ], [ 4 ].

Registration Payment Plan

Please check one:

- \$700 [with option of \$200 discount on Summer Intensive] \_\_\_\_\_  
OR
- \$220 first of 10 payments of [each subsequent payment due on the first of each month] \_\_\_\_\_

Michael Institute tel 503 774-4946  
email johncmiles@usa.net