



LILI provides what you need for success!

Leading Into Learning Institute
Registration Form

The following information is confidential and will not provide to any third party without your written consent.

Student Information

Name: Last First

Salutation: Dr./Mr./Mrs./Miss/ or Profession:

Phone: Day Time Evening/Weekend

Email:

Address: Street City Zip

How did you hear about LILI:

Preferred way to contact: Phone Email Today's Date:

Class to Register

Course Title:

Class Time: on M / T / W / TH / F / S / SUN

Starting and Ending Date:

Any other course you desire to learn?

Course Payment: \$ Cash Check (made payable to LI LI at the address below)

Office Use Only

Registration Fee: Paid date Credited date