

I.B.L. RADIO TEACHER TRAINING
REGISTRATION FORM (for individual students)

NAME _____

ADDRESS _____
(CITY, STATE, ZIP) _____

PHONE _____

EMAIL ADDRESS _____

CLASS REGISTERING FOR _____
Registration Deadline _____

WHY DO YOU DESIRE TO TAKE THIS TRAINING CLASS? _____

I will send my completed worksheets to you each week:

By email _____ (please check one)

By postal mail _____

SIGNATURE _____ **DATE** _____

Return this form to:

International Bible Lessons
48711 Van Dyke, Suite 102
Shelby Township, MI 48317

sharon.samson@iblessionsinc.org

Call us at: 586-744-9119 (please have all the above information ready)

***You must complete all the class requirements to receive an IBL
'Certificate of Accomplishment' at the end of the course.***