



WILLIAM GLASSER
INTERNATIONAL

Certification Check Transmittal Form

① Personal Information:

Organizer's Name: _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Country: _____ Fax: _____

Phone: _____ E-Mail: _____

② Remittance Information:

Dates of Program: _____

Location: _____

Remittance amount enclosed:

of participants _____ x \$ _____ per participant = \$ _____

(U.S. dollars made payable to William Glasser International. Payment must be a U.S. bank check, draft or money order.)

Organizer's Signature and Date

Please return this form, along with all other necessary paperwork, to Y ÖQ

Date:

Signature

ICS-3 Rev. 6/07