



**Mail-in Registration Form  
Integrative Learning Center of Mid-America**

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

Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_

(Please provide email address only if you check it at least every few days)

Telephones:

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

Date(s): \_\_\_\_\_ City: \_\_\_\_\_

Total Fee: \$ \_\_\_\_\_ Amount Enclosed: \$ \_\_\_\_\_

Payment By:  Check  Credit Card

**We accept MasterCard and Visa only.** Card Type:  **MasterCard**  **Visa**

Name as it appears on card (if different than above): \_\_\_\_\_

Billing address including zip code (if different than above):  
\_\_\_\_\_

Phone number associated with card (if different than above): \_\_\_\_\_

CC#: \_\_\_\_\_ Exp. Date: (mm/yy) \_\_\_\_\_

Vcode: (3 digits on back above right of signature line): \_\_\_\_\_

Mail this form with payment to:

Integrative Learning Center  
4124 Hamilton Ave  
Cincinnati, OH 45223

Keep a copy of this form for your record. Need more assistance? Email us at [support@ilcma.com](mailto:support@ilcma.com) or call us at (513) 827-0027.

**Thank you!**