

Registration Information for Dissection Classes

Testing and Educational Services

www.testingandeducationalservices.com

P.O. Box 7552 • Rocky Mount, NC 27804-0552 • 252-451-0118

Please read this information prior to filling out the registration form that follows.

1) Classes listed on the 2008 – 2009 schedule will be held at our home. Email us from the homepage of our website for directions.

2) We will create other classes as interest dictates. If you are interested in coordinating a class for your class or co-op, email us from the homepage of our website or call us.

2) Please fill out the Waiver of Liability form and mail it in with your registration form.

3) Class size is limited. If the class is full when we receive your registration form, we will put you on a waiting list and hold your payment. It will be returned to you if a spot does not become available.

4) Because we order specimens, supplies, and printed material prior to the class, we can only refund the class fee if you cancel 2 weeks in advance or if another student can fill your child's spot.

5) Checks may be made out to Testing and Educational Services.

6) Your payment secures your child's spot in a class.

7) Please send your registration information to the following address:

**Testing and Educational Services
P.O. Box 7552
Rocky Mount, NC 27804-0552**

Dissection Registration Form

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Date	Class	Time	Grades	Cost	Class Size
Oct. 14	Cow's Eye	10:30 - noon	4 th – 6 th *	\$20	8
Oct. 14	Cow's Eye	1:30 – 3:30 p.m.	7 th and up	\$20	8
Oct. 21	Comparative Eye	10:30 – 12:30 p.m.	4 th – 6 th *	\$35	8
Oct. 21	Comparative Eye	1:30 – 3:30 p.m.	7 th and up	\$35	8
Dec. 13	Comparative Organ – brain, eye, heart, kidney	1:30 – 3:30 p.m.	4 th and up	\$45	10
Jan. 17	Forensic Dissection	1:00 – 4:30 p.m.	6 th and up	\$45	8
February	Homelight Books Wake Forest, NC	Call for schedule (919) 562-4477			
Mar. 7	Frog	10:30 – noon	3 rd – 6 th *	\$20	10
Mar. 7	Bullfrog	1:30 – 3:30 p.m.	6 th and up	\$25	10
April 11	Pregnant Rat	1:30 – 3:30 p.m.	7 th and up	\$30	10

* Younger students may participate with parental assistance.

Student's Name _____

Grade _____

Address _____

Home Phone _____ Parent's Cell Phone _____

Email _____

_____ I plan to participate with my child.

Please send registration form, waiver of liability form, and payment to the address given above. Checks may be payable to Testing and Educational Services.

For office use only:

Paid in full		
Payment method	Cash	Check # _____
Balance Due		

Waiver of Liability Statement
 Bindrim Testing and Educational Services

I, _____, do not hold Bindrim Testing and Educational Services, Tommy Bindrim, or Kay Bindrim liable for any injury sustained in a dissection class. I understand that my child will be working with surgical tools and injury could occur. I will be financially responsible for any injury that requires medical attention.

Parent Signature

Student's Name _____