



AIM Course Registration Form

Full Name: _____

Mailing Address: _____

Contact Phone: _____

E-Mail: _____

Name of Course: _____

Instructor: _____

Location of Course: _____

Date of First Class: _____

Reason for taking this course: (check the one that applies)	Cost of Course
1. For credit toward an AIM Diploma. _____	\$300
2. For personal enrichment/ audit/ CEUs. _____	\$50
3. For credit toward ABCOM credential recognition. _____	\$300
4. For credit toward an Advanced Studies course. _____	\$400
5. For mentoring, one year. _____	\$100

I have submitted the Enrollment Form and Fee for AIM _____.

I have applied and been approved for Northern Baptist Education Society scholarships _____.

For additional scholarship aid, please contact Susan Crane: cranewolcott@myfairpoint.net

Please send this form with a check for the appropriate amount made payable to AIM to:

Rev. Dr. Susan Crane
160 West Road
Chesterville, ME 04938-3633

Registration and course fees are due before the first class.