



Cleveland
Ecumenical
Institute
FOR RELIGIOUS STUDIES

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REGISTRATION FORM

I would like to register for the following course(s):

Course Title(s): _____

Name: _____ Phone: _____

Address: _____
(street, city, zip)

Email: _____

Amount Enclosed: _____
Make checks payable to CEIRS.

Please note:

- Deadline for registrations is one week prior to the date the course begins.
- The cost of text books (if applicable) is not included in the registration fee.
- Scholarship aid is available.

For questions or further information send an email to CEIRS2000@gmail.com or phone 877-723-4777.