

The Learning  
**STUDIO** Malvern - Instructor Profile Form



412 East King Street • Malvern, PA 19355  
610-578-0600 • fax – 610-578-0680  
[www.learningstudio.net](http://www.learningstudio.net)

*The Learning Studio strives to provide high-quality, cutting-edge course offerings.*

*Each course offering is carefully considered and we keep extensive records of each. If your course is selected, we will be in touch with you soon. However, please feel free to follow-up with us periodically for reconsideration. Keep in mind, each catalog only has a limited amount of space for new course offerings.*

*So that we may fully understand your course, please complete the following.*



Malvern - WHEN COMPLETE, PLEASE RETURN TO THE STUDIO

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**PLEASE COMPLETE ONE SHEET PER COURSE**

**NAME:** \_\_\_\_\_

**COMPANY/AFFILIATION:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ - \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**SS# OR EIN:** \_\_\_\_\_

**BIO, RELEVANT CREDENTIALS:** \_\_\_\_\_

**COURSE TITLE:** \_\_\_\_\_

**PRIMARY BENEFIT FOR STUDENTS:** \_\_\_\_\_

**COURSE DESCRIPTION SUMMARY** (ATTACH ANY ADDITIONAL INFORMATION)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WILL YOU NEED A TV/VCR?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**MATERIALS FEE:** \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ \$ Amount

**AVAILABILITY** (check all that apply): \_\_\_\_\_ morning \_\_\_\_\_ afternoon \_\_\_\_\_ evenings \_\_\_\_\_ Saturdays

**ARE YOU AVAILABLE FOR CORP. HEALTH FAIRS:** \_\_\_\_\_ Yes \_\_\_\_\_ No

**WOULD YOU LIKE A LINK TO OUR WEBSITE:** \_\_\_\_\_ Yes \_\_\_\_\_ No

**ADDITIONAL COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

*Thank you for your interest in The Learning Studio.  
Should your program be selected, fees will be discussed  
at that time.  
If you have any questions, please feel free to give us a call.  
We look forward to working with you!*

**OFFICIAL USE**  
Course Scheduled \_\_\_\_\_ Yes \_\_\_\_\_ No  
Date Scheduled \_\_\_\_\_  
If No, Reason \_\_\_\_\_  
Rate: \$ \_\_\_\_\_  
Volume \_\_\_\_\_ Issue \_\_\_\_\_