



**REGISTRATION FORM**

Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Credit Card # \_\_\_\_\_ Expiry \_\_\_\_\_  Visa  Mastercard

Course Name \_\_\_\_\_ Fee \_\_\_\_\_

Course Name \_\_\_\_\_ Fee \_\_\_\_\_

Course Name \_\_\_\_\_ Fee \_\_\_\_\_

Total Fees \_\_\_\_\_

**REGISTRATION FOR FREE COURSES MAY ALSO  
BE SENT BY FAX TO 823-7083**