



REGISTRATION FORM

CIRCLE ONE:

Mr. Mrs. Ms.

LAST NAME: _____ FIRST: _____

PROFESSION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DAY PHONE: _____ EVENING PHONE: _____

EMAIL: _____

COURSE #	COURSE DATE	FEE

TOTAL: _____

TYPE OF CARD: CIRCLE ONE:

MASTERCARD VISA AMEX

CARD NUMBER: _____ 3 OR 4 DIGIT C.I.D CARD: _____

EXPIRATION DATE: _____

I hereby authorize the use of my MasterCard, Visa or Amex account:

SIGNATURE: _____