

PROFESSIONAL TRAINING SERVICES
 Course Registration Form -- Please type or print all information.

FOR OFFICE USE ONLY	
Amt. PD \$	_____
Date	____/____/____
<input type="checkbox"/> Cash or <input type="checkbox"/> Money Order	
<input type="checkbox"/> Company/Agency Check	
Ck #	_____
<input type="checkbox"/> Visa / MC/Discover	

NAME: _____

ADDRESS: _____

CITY/ST/ZIP: _____

PHONE: _____ FAX: _____ E-MAIL: _____

DATE OF BIRTH: ____/____/____ INS. CO. & MGR. NAME: _____

CE PACKAGES:

Package 1	A single 3 or 4 credit class for \$50 A single 8 credit class for \$100
Package 2	15 Credits offered at a discounted price of \$169
Package 3	24 credits offered at a discounted price of \$199
Package 4	48 Credits offered at a discounted price of \$299
Package 5	Bring a friend and you both receive a savings on 48CR =Discounted price of \$249 each

NJ or PA INS CE COURSE(S): [Please list course number(s) and course date(s)]

CLASS DATES REQUESTED: _____

CE Students* ONLY: Producer Reference # IP-_____ (REQUIRED) Lic. Exp. ____/____/____

For tuition payment by Credit Card, please complete the following:

VISA MC Discover CARD # _____ EXP. ____/____

NAME OF CARDHOLDER: _____ 3-digit # _____

AUTHORIZED SIGNATURE: _____ zip code: _____ (on back of card)