

# Class/Workshop Registration Form

Class/Workshop: Date: \_\_\_\_\_ Location: \_\_\_\_\_ #of Hours \_\_\_\_\_ \$ \_\_\_\_\_

Class/Workshop: Date: \_\_\_\_\_ Location: \_\_\_\_\_ #of Hours \_\_\_\_\_ \$ \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

License # \_\_\_\_\_ Email: \_\_\_\_\_

CC # \_\_\_\_\_ EXP \_\_\_\_\_ Verification Code \_\_\_\_\_

Signature: \_\_\_\_\_

## **Payment by: Check/M.O./Credit Card**

Phone registration: 800-669-8718      On-line: [www.continuingeducations.com](http://www.continuingeducations.com)

## **Mail:**

Continuing Educations, Inc.  
P.O. Box 1783 Frankfort, IL 60423

## **Please Note**

A confirmation will be sent to you by mail 2 weeks prior to class with the exact address the class is to be held. You may also go to our website for class location.

*Cancellation by Credit Voucher Only*