



**CE CLASS REGISTRATION**

Print, Complete and Fax to:  
**(717) 291-6500**

YOUR NAME: \_\_\_\_\_

NUMBER ATTENDING FROM YOUR OFFICE: \_\_\_\_\_

COMPANY: \_\_\_\_\_

PH. NO.: \_\_\_\_\_

YOUR EMAIL ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WHICH CLASS WOULD YOU LIKE TO ATTEND?**

DATE OF CLASS: \_\_\_\_\_

LOCATION OF CLASS (CITY): \_\_\_\_\_

CHECK ONE\*:  9:00 AM - 12 PM CLASS  1:00 PM - 4:00 PM CLASS

WILL YOU BE ENJOYING OUR COMPLIMENTARY LUNCH (12:00 PM)?

YES  NO

*Thank you for your interest in our continuing education classes.  
If you have any questions, please call us at one of the numbers below.*