

# Sign me up for a workshop!

Just fill out this registration form. Please complete a separate form for each person registering.

Name \_\_\_\_\_

Licensed Profession and License # \_\_\_\_\_

*(required to receive continuing education credits for LMSW, LCSW, MFT & MHC)*

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Employer's Phone \_\_\_\_\_

Employer's Address \_\_\_\_\_

Course Title _____	Fee \$ _____
Course Title _____	Fee \$ _____
Course Title _____	Fee \$ _____

Total Amount Enclosed \$ \_\_\_\_\_  Check enclosed payable to Tompkins Cortland Community College

MasterCard     Visa     Discover     Company Invoice

Cardholder's Name \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_ CVV2 number \_\_\_\_\_

*I certify that the information on this application was provided voluntarily and is accurate to the best of my knowledge.*

**Phone**

Register by phone with MasterCard, Discover or Visa to reserve your seat in the workshop(s) of your choice. You will receive your registration confirmation once your registration/payment has been processed. Please have all the information requested on the mail-in form when calling.

**Mail**

Complete the registration form and send to:  
BIZ, PO Box 139, 170 North St, Dryden, NY 13053

**Fax 607.844.6535**

Register by fax with MasterCard, Discover, Visa or purchase order number using the mail-in form.