

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 _____

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.