



123 W. Market Street  
Corning, NY 14830  
Tel: (607)936-3766  
Fax: (607-936-0287

## COURSE REGISTRATION FORM

All information on this form is **required**. Please print form, complete and fax to the above number.

### First course

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Course Title	Course Number	
Time	Date	Day
Location	Course Fee	

### Second course

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Course Title	Course Number	
Time	Date	Day
Location	Course Fee	

**Total fees: \$** \_\_\_\_\_

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First Name (Please print)	Last Name
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Address	City	State	Zip Code
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Daytime Phone	Evening/Cell Phone	E-mail address
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Method of Payment: (Please check one)

MasterCard       American Express       VISA  
 Discover       Money Order       Check # \_\_\_\_\_

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Credit card number	Exp. date
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Name as it appears on card

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Billing Address (if different from mailing address)

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Signature (required for credit card registration):

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