



Class/Roundtable Registration Form

Class Title or Roundtable Leader/Day _____ **Class Starting Date** _____

Participant's Information

Last Name _____ First Name _____

Email _____
Address _____

Mailing Address/City/State/Zip _____

Preferred phone # for contacting you: _____

Alternate phone #: _____

Whom can we thank for recommending us to you? _____

Amount Enclosed: \$ _____ Date: _____

Please make check payable to:

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