



### COURSE REGISTRATION FORM

#### PERSONAL INFORMATION:

First and Last Name \_\_\_\_\_  
Organization/Business \_\_\_\_\_  
Position/Title \_\_\_\_\_  
Name you would like printed on your name-tag (nickname) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip Code \_\_\_\_\_ Country \_\_\_\_\_  
Daytime Phone (        ) \_\_\_\_\_ - \_\_\_\_\_ Evening Phone (        ) \_\_\_\_\_ - \_\_\_\_\_  
Fax (        ) \_\_\_\_\_ - \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Do you have any accessibility or dietary requirements needs? \_\_\_\_\_

#### COURSE INFORMATION:

Course Title \_\_\_\_\_  
Course Date \_\_\_\_\_  
Course Location \_\_\_\_\_  
Registration Fee \$ \_\_\_\_\_

#### SELECT YOUR METHOD OF PAYMENT:

Invoice       Check No: \_\_\_\_\_ (check made payable to PATH)  
 Credit Card      Circle One:    MasterCard    Visa    Discover    American Express  
Credit Card No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Security Code: \_\_\_\_\_  
Name on Card: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Total Enclosed \$ \_\_\_\_\_

Return to:

**PATH**  
414 N 2<sup>nd</sup> Street  
Harrisburg, PA 17101  
Phone (717) 236-9469  
Fax (717) 724-1663  
Or email to [pgrewal@pml.org](mailto:pgrewal@pml.org)