

Seminar & Workshop Registration Form

Name: Ms. _____
Mrs. _____
Mr. _____

Address: (Home) _____

City: _____ State: _____ ZIP: _____

Phone: (Home) _____ (Work) _____

Address: (Work) _____

City: _____ State: _____ ZIP: _____

Course #	Section	Course/Workshop Title	Date	Fee

Total:

MasterCard - Visa - Check - Cash

Card # _____ **Exp. Date** _____

Mail to:

Manor College
Part-Time Admissions
700 Fox Chase Rd
Jenkintown PA 19046

Or fax to:

(215) 576 6564