

Fax/Mail-in Registration for Workshops

Name

Last name	First name	Middle initial
	/ /	
Social Security Number	Date of Birth	Sex (M/F)

Home Address

Number and Street	City	State	Zip
-------------------	------	-------	-----

Phone

Home Phone	Work Phone	Cell Phone
------------	------------	------------

Email

Email Address

Emergency Contact

Name	Phone
------	-------

Method of Payment

Cash Check (*Make check payable to Manor College*)
Credit Card Visa Mastercard Discover

Credit Card Number	Expiration Date
--------------------	-----------------

Signature

Course/Workshop

Title	Date	Fee
-------	------	-----

Title	Date	Fee
-------	------	-----

Title	Date	Fee
-------	------	-----

Total

Fax Number (215) 576-6564