

Foothills Adult Education REGISTRATION FORM - FALL, 2008

Personal Information - Please print or type

Please check if you have a disability.
Call for special accommodation needs.

Soc. Security # _____ (Last 4 digits required for CEU Purposes Only)

First Name _____ Last Name _____

Street _____

Town _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-Mail _____

** WE DO NOT CONFIRM REGISTRATIONS **

COURSE #	COURSE TITLE	START DATE	AMOUNT

* FOUR EASY WAYS TO REGISTER *

MAIL

Send registration & payment to:
Foothills Adult Education
P.O. Box 909
Litchfield, CT 06759-0909
VISA/MASTERCARD or CHECK

PHONE

1-800-300-4781 or
(860) 567-0863 • VISA/MC Only

FAX

(860) 567-3381
VISA/MC Only

ONLINE Foothills Adult Education Program @foothillsae.org
or EDUCATION CONNECTION@ www.educationconnection.org

- Payment Enclosed -

Check # _____ Make check payable to: **Foothills Adult Education**

Credit Card Payment







Card # _____

Exp. Date _____

Name of Cardholder _____

Signature _____

Senior Citizen Y N

Senior Citizens (62+ years) may take a 25% discount*

*** SORRY, SENIOR CITIZEN DISCOUNTS DO NOT APPLY TO: COMPUTER CLASSES, FOOD HANDLER'S, CERTIFIED NURSE'S AIDE (CNA), REIKI, BOATING, GOLF, & TRIPS**

Please let us know how you received this brochure: mail a friend business other

The deadline for mail-in registration is one week before the start of the course

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Thank you for signing up for a Foothills Adult Education class!