Class Registration Form

First Name _____

Last Name _____

Title _____

Agency or organization _____

<mark>BILLING Address</mark> _____

City _____ State/Province _____

Zip/Postal code _____ Country _____

Work Phone _____ Ext. _____

FAX _____ E-mail _____

Course Name _____

Course Date _____ Location _____

Check method of payment below:

☐ Cash   ☐ Check   ☐ Visa

☐ Mastercard   ☐ Discover   ☐ American Express

_____   _____

Credit Card Number   Expiry Date

_____   _____

Cardholder Name   CVVC Code

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Please email all completed applications to:
Ken Murray
Murray.Ken@RBTA.net
3% processing added to credit card payments
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