

## Class Registration Form

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Title \_\_\_\_\_

Agency or organization \_\_\_\_\_

**BILLING Address** \_\_\_\_\_

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

Please email all completed applications to:

Ken Murray

Murray.Ken@RBTA.net

3% processing added to credit card payments