

## 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

**\$1495 for payment by check**

**4% processing added to credit card payments**

Mail payments to:

RBTA  
PO Box 916  
Gotha, FL  
34734

Please email all completed

applications to:

Ken Murray  
Murray.Ken@RBTA.net