

Registration Form (Please print) (One form per person, per course)

Course or Trip Title _____ Course No. or Trip No. _____

Last Name _____ Tuition \$ _____

First Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____

Cell Phone _____ Donation \$ _____

Email _____ GRAND TOTAL \$ _____

(We will use your address ONLY for CTAS correspondence)

Credit Card Information: Visa MasterCard Discover

Name _____ *As it appears on card*

Number _____

Exp. Date _____ 3 Digit No. _____ *From signature panel*

Signature _____

Your gift makes it possible for CTAS to offer our affordable trips and courses. With your generous support we can continue providing informative, stimulating and entertaining programs. Please include a contribution here. Thank you.

PLEASE CUT ON DOTTED LINE.

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Please make checks payable to CTAS.
and mail completed registration form and payment to:
CTAS | 500 Rices Mill Road | Wyncote, PA 19095

Please note class time and date on your personal calendar. Confirmations are no longer sent.