

REGISTRATION FORMS



Continuing/Community Education Program Registration Card

Make checks payable to "Board of Education, Port Washington." A separate check and form is required for each course. Mail to Continuing Education, 90 Avenue C., Port Washington, NY 11050. Assume you have been accepted in the course unless notified otherwise. **Registration will not be confirmed.**

_____	_____		
Course No.	Course Name		
_____	_____		
SENIOR FEE (Proof Enclosed)	NON-RES FEE \$5	COURSE FEE	TOTAL FEE
_____	_____	_____	_____
First Name	Last Name	_____	_____
_____	_____	_____	_____
Street	Town	Zip	_____
_____	_____	_____	_____
Home Phone	Business Phone	_____	_____
Charge \$ _____ to my Visa/Amex/Mastercard #: _____ V-code: _____	_____	_____	_____
Exp. date _____ CardHolder _____ Signature _____	_____	_____	_____

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