

REGISTRATION FORM

Please fax form to 561-740-1738 or
mail with check to Palm Beach PHCC; P.O. Box 17752; West Palm Beach, FL 33416

Name: _____ Company: _____

Address: _____

Phone: _____ Fax: _____ Cell: _____

Name: _____ Company: _____

Address: _____

Phone: _____ Fax: _____ Cell: _____

Name: _____ Company: _____

Address: _____

Phone: _____ Fax: _____ Cell: _____

All 3 Classes _____ Oct. 18, 2008 _____ Jan. 24, 2009 _____ March 21, 2009 _____

CREDIT CARD INFORMATION

Charge Credit Card for \$ _____ Name on Card: _____

Credit Card # _____ Type: _____

Expiration Date: _____ CVC Code: _____ (On Back of the Card)

(Call 561-740-1737 with any questions)