

ADULT EDUCATION ENRICHMENT REGISTRATION FORM

Eligibility: NO participants under 18 years of age.

☐ Please check if you have a disability.
Call for special accommodation needs.

REGISTRATION FORM

First Name _____ Last Name _____

Street _____

Town _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-Mail (required*) _____

ALL communications are emailed, Please check your email often

LOCATION	COURSE TITLE	START DATE	TIME	AMOUNT

****To help avoid cancellations PLEASE register in advance at least 2 weeks before class start date****

*FOUR EASY WAYS TO REGISTER *

ONLINE
[www.edadvance.org/
registration](http://www.edadvance.org/registration)



PHONE
860.567.0863 x 1145

FAX
860.567.3381



MAIL *NO in person registration*
EdAdvance
Attn: Adult Education
215 Hogan Drive,
Torrington, CT 06790

**PAYMENT ENCLOSED : (NO REFUNDS
UNLESS A CLASS IS CANCELED)**

****Always bring a flashdrive to computer classes****

Check # _____ We strongly recommend no cash or check payments due to the length of time for refund requests. If you must use a check, make it payable to EdAdvance

Credit Card Payment

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Card # _____ Exp. Date _____ CVV # _____

Name of Cardholder _____ Signature _____

We do not confirm registrations. Please mark your calendars.

Please let us know how you heard about our classes: ☐ mail ☐ friend ☐ business ☐ other

Register at www.edadvance.org/registration, Adult Education Enrichment

Thank you for signing up for a Continuing Education class!