

# Registration Form

If you prefer to register by mail please send us this form.  
Visit [www.lmcce.org](http://www.lmcce.org)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Second Registrant's Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Course Name \_\_\_\_\_ Course Code \_\_\_\_\_

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**THE CENTER**  
OF CONTINUING  
**EDUCATION**

Total Course Fee \$ \_\_\_\_\_

I would like to support  
The Center's on-going  
community programs,  
enclosed is my tax-  
deductible donation: \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

## Payment Methods

### Credit Card

Visa  MasterCard

Name as it appears on Card \_\_\_\_\_

Card Number \_\_\_\_\_ Security Code \_\_\_\_\_

Signature \_\_\_\_\_ Expiration date \_\_\_\_\_

Please make checks payable to Center for Continuing Education and mail with this form to:  
**1000 West Boston Post Road, Mamaroneck, NY 10543**