

# ***PROGRAM REGISTRATION FORM***

(Please print. You may make additional copies of this form for multiple registrants from the same organization.)

**NAME** \_\_\_\_\_ **TITLE** \_\_\_\_\_

**ORGANIZATION** \_\_\_\_\_

**INDUSTRY** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY, STATE, ZIP** \_\_\_\_\_

**PHONE** \_\_\_\_\_ **FAX** \_\_\_\_\_

**E-MAIL** \_\_\_\_\_

**SSN:** \_\_\_\_\_ **or Date of Birth** \_\_\_\_\_

(This information is confidential, but necessary so we can enroll you into the program on our enrollment management system using a unique registration ID number)

*PROGRAM FEES: \$349 each (includes all materials, continental breakfast, and lunch)*

## ***PAYMENT OPTIONS:***

\_\_\_ **Check enclosed**

***Credit Card:*** \_\_\_ **Visa** \_\_\_ **MasterCard** \_\_\_ **Discover**

***Card Holder Name:*** \_\_\_\_\_

***Card #*** \_\_\_\_\_ ***Expiration Date*** \_\_\_\_\_

***Signature*** \_\_\_\_\_

If paying with credit card, you may send the completed registration form to the address below or fax to 413/552-2745.

If paying by check or money order, please make check to *HCC-CBPD* and send to the address below.

*Send registrations with*

*Payment to:*

*HCC-CBPD/WED  
ATTN: Maria Santiago  
303 Homestead Avenue  
Holyoke, MA 01040*