

Registration Form

Name _____

Address _____

City and Zip Code _____

Day Tel.# _____ Eve.# _____

E-mail: _____

I prefer not to receive MALT's bi-monthly e-mail newsletter.

Title of Course or Workshop Code (e.g. AC01) **Section** (A, B, C, etc.) **Fee**

1.	
2.	
3.	
4.	
Subtotal:	
NEW! Class discount: Register for any class marked NEW! by September 30th for 10% discount.	
Add non-refundable \$5 registration fee per person, per term for classes totaling \$21 or more.	\$5
Optional donation to the Fern Bell Scholarship Fund.	
Total:	

Make check payable to MALT. **Be sure to include your phone numbers.**

I hereby authorize the use of Mastercard/Visa:

Cardholder _____ CCV _____

Card # _____ Exp.Date _____

Authorized Signature _____

Mail to: MALT, 6601 Greene Street, Phila., PA 19119-3114

Send us a self-addressed stamped envelope or provide your e-mail address, and we'll send you a confirmation.

**Questions: call MALT at 215-843-6333.
Don't forget to write start dates and locations on your calendar!
We do not send reminders.**