

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

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.**