

# REGISTRATION FORM

name

address

city

zip code

day tel.#

eve.#

email

I prefer not to receive MALT's weekly email 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 30 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.

## Make check payable to MALT.

I hereby authorize the use of Mastercard/Visa:

name on card

card #

exp. date

CCV

billing zip code

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

**Mail to: MALT**

6601 Greene Street  
Philadelphia, PA 19119-3114

Questions: call **MALT** at **215.843.6333**

**Don't forget to write start dates and locations on your calendar!  
We do not send reminders.**