

CPRR CASAC ADDICTION STUDIES REGISTRATION FORM

Last Name:	First Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address:		Date of Birth:
City:	State:	Zip:
Evening Phone:	Day Phone:	E-mail:

<u>COURSE OPTIONS</u>	<u>PAYMENT OPTIONS</u>	<u>TUITION</u>
<input type="checkbox"/> Module I	<input type="checkbox"/> One Module for One Semester @ \$1,400.00	\$ _____
<input type="checkbox"/> Module II	<input type="checkbox"/> Two Modules for One Semester @ \$2,250.00	\$ _____
<input type="checkbox"/> Module III	<input type="checkbox"/> Four Modules over the Spring & Fall @ \$4,200.00	\$ _____
<input type="checkbox"/> Module IV		\$ _____
PLEASE MAKE CHECKS PAYABLE TO: Community Partnership Referrals and Resources AND MAIL TO: 254-10 Northern Boulevard, Suite 204 Little Neck, NY 11362 OR FAX THIS FORM WITH CREDIT CARD INFORMATION TO: (718) 225-3366		Registration Fee: \$ <u>15.00*</u> Late Registration Fee: \$ <u>(25.00)</u> (Within 3 Full Business Days of Course Start Date)
		TOTAL \$ _____
<i>* Payable one time per registration.</i>		

PAYMENT METHOD: <input type="checkbox"/> Cash (in person only) <input type="checkbox"/> Check <input type="checkbox"/> Bank Check or Money Order Charge: <input type="checkbox"/> VISA <input type="checkbox"/> Master Card <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card # _____ Expiration: _____ V Code (Additional 3 or 4 digit code found on back of card): _____ Signature: _____	Please indicate how/where you found out about our program.
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