

COURSE REGISTRATION FORM

Seating is limited for all courses. Pre-registration is required. Use this form to register for any upcoming SCDS courses.

BE SURE TO CHECK COURSE INFORMATION FOR LOCATION OF EACH COURSE!

Mail the form with payment to: SCDS, Suite 200, 1727 Vets Memorial Highway, Islandia, NY 11749
or fax with Visa/MC information to: 631-232-1402

Name: _____ ADA: _____

Address: _____ City/State/Zip _____

Tel.#: _____ Fax #: _____

Please register me for the following:

Course # _____ Date: _____ Title: _____ \$: _____

Course # _____ Date: _____ Title: _____ \$: _____

Course # _____ Date: _____ Title: _____ \$: _____

Check payable to "SCDS" enclosed for \$: _____ Charge my Visa MasterCard Discover
Card No. _____ Exp. Date _____

Signature: _____ Print Name: _____