



REGISTRATION FORM

Use this form to register for *South End Center for Adult Education* classes

REGISTER TODAY!!
(PLEASE PRINT CLEARLY)

LAST NAME: _____

FIRSTNAME: _____

ADDRESS: _____ CITY: _____
STATE: _____ ZIP: _____

HOME PHONE: () _____ WORK PHONE: () _____

EMAIL ADDRESS: _____

Course Name	Quantity		Course Cost
<i>Sample – Intro to Computers</i>	<i>2 people</i>		<i>\$200.00</i>
		<i>Yes, I'd like to make a donation*</i>	
		<i>Total</i>	

***All donations to United South End Settlements are tax-deductible to the extent provided by law.** Return this form with payment to:

Method of Payment:

Course fees must be paid in full. A charge of \$10 will be made for checks returned for any reason.

Check or Money Order (payable to United South End Settlements)

Visa **Mastercard** **American Express** **Cash**

Card Holder Name _____

Signature _____

Card Number _____ Expiration Date _____ (mm/yy)

Billing Address _____ City _____ State _____ Postal Code _____

United South End Settlements
Attention: Albert Whitaker
566 Columbus Ave
Boston, MA 02118