

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. TW00) **Section** (A, B, C, etc.) **Fee**

1.	
2.	
3.	
Subtotal:	
WHYY discount - 10% with member number, cannot be combined with Early Bird discount.	
Early Bird discount - 10% register for any class marked NEW! by September 30, cannot be combined with WHYY discount.	
Add non-refundable \$5 registration fee per person, per term for classes totaling \$21 or more.	\$5
Optional donation to MALT.	
Total:	

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
or fax registration form to 215-843-6655.

*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.