



SIGN LANGUAGE REGISTRATION FORM
Conversational ASL (Part III)

Please Print:

Name _____ Mr. _____ Ms. _____ Mrs. _____

Address _____

City _____ State _____ Zip _____

Phone _____ Age _____

Employed at _____ Phone _____

Address _____ City _____ State _____ Zip _____

Do you have contact with Deaf persons? (Please describe)

Prerequisite: Completed (Part 2 or Intermediate ASL) or equivalent. (Permission of Instructor)

Date: Tuesday, October 19, 2010 – December 14, 2010 from 5:30 p.m. – 7:30 p.m.
(NO CLASS - November 23,2010 Thanksgiving Holiday)

Fee: \$100.00, payment is to accompany registration. This fee is Non-refundable.
Class attendance is by Pre-registration only. NO WALK-INS will be accepted.

I am paying by: _____ Check _____ MasterCard _____ Visa _____ American Express

My account # _____ Expiration Date: _____

Name on Account (if different from above) _____

Please Print

Billing Address _____

I am aware and allow the company to charge my card for the above purposes.

Please make checks payable to: **Aurora of Central New York, Inc**

Date _____ Signature _____