



SIGN LANGUAGE REGISTRATION FORM
Intermediate ASL (Part II)

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 1 or Beginner ASL) or equivalent. (Permission of Instructor.)

Date: Wednesday, October 20, 2010 – December 15, 2010 from 5:30 p.m. – 7:30 p. m.
(NO CLASS - November 24, 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 _____