

ASSABET AFTER DARK REGISTRATION

*Please Duplicate If Additional Forms Are Needed
Make Checks Payable to "Assabet Continuing Education" or "ACE"*

Name: _____

Address _____

City/State/Zip _____

Phone (Day) _____

(Evening) _____

Email _____

Call the office for first time Senior Citizen registrations!

Course #	Course Title	Fee
1		
2		
3		



TOTAL _____

Enclosed is my check. Check # _____

Discover MasterCard Visa American Express

Card No. _____

Expiration Date _____ Security Code _____

Signature _____ *Please read our refund / withdrawal policy carefully.*