

REGISTRATION FORM

I wish to earn CE credit for the following state (s):

State License Number _____ Expiration Date _____

NJ _____

NY _____

PA _____

Date	City*	Topic	Time

*Please use abbreviations listed to the right of locations.

To All CE Registrants: PLEASE PRINT BELOW
(Please use full name exactly as it appears on your license.)

First	Last	M
Date of Birth — —	Social Security (Pre-Licensing Students Only) — —	
Address		
City	State / Zip	
Home Phone	Mobile Phone	
Business Firm		
Business Phone	Business Fax	
Business Address		
City	State / Zip	
E-Mail		

Accepted Payment Methods: Check, Visa, MasterCard & Discover

Tuition Total \$ _____ # of Credits _____ Check Credit Card

Exp Date (REQUIRED) ____/____ VS MC DC

Name on Card _____ CID # _____

Card Number _____

Signature _____

Mail notification of cancellations, substitutes, or class date changes to:

1501 Cobblestone Court, Thorofare, NJ 08086

800-577-9888 Fax 856-384-8414

www.wiseeducation.com

Cancellations incur a \$30 administrative charge per student. Substitutes for a registered class(s) or up to (1) class date change are honored free of charge.

Detach and send to our accounting office at:
Wise Education Inc.

1501 Cobblestone Ct ♦ Thorofare, NJ 08086

Please make a copy of this form and mark your calendar.

NO CE Confirmations will be mailed.