

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
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.