



REGISTRATION FORM

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

State License Number

Expiration Date:

- New Jersey _____
- New York _____
- Pennsylvania _____

DATE	CITY	TOPIC	TIME

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

Name (First, Middle, Last): _____

Home Address: _____

Home Phone: _____ Mobile Phone: _____

Business Name: _____

Business Phone: _____ Business Fax: _____

Business Address: _____

Email: _____

Accepted Payment Methods: Check, Visa, MasterCard & Discover

Tuition Total \$: _____ # of Credits: _____ Check Visa Mastercard Discover

Name on Card: _____ Card #: _____

Exp. Date: _____ CVV Code: _____ Signature: _____

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

Detach and send to our accounting office at:

Wise Education Inc. | 1442 Lakewood Road | Manasquan, NJ 08736 | TEL. 856.384.9377 | FAX. 856.384.8414

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.

Please make a copy of this form and mark your calendar. NO CE Confirmations will be mailed.