

Registration Form

___ Yes, I'm ready! Enclosed is my \$25 non-refundable registration fee and \$75 deposit for each class.

Name _____
Last First MI

Address _____
Street

City _____ State _____ Zip _____

Phone _____
Work Home Cell

E-mail _____

Employer _____

Title _____ Type of Business _____

Method of Payment ___ Check ___ Money Order



Credit Card (Visa or MC) _____
Card Number

Expiration Date _____ Signature _____

I prefer: ___ Day Classes ___ Evening Classes ___ Weekend Classes

I prefer to attend classes at: ___ Los Angeles ___ Valencia

Courses selected: 1. _____ Start Date _____

2. _____ Start Date _____

Amount Enclosed: \$ _____ (\$25 registration fee + \$75 deposit for each class)

Mail registration form to: **Ladera Career Paths Training Centers, Inc.**
6820 La Tijera Blvd., Suite 217
Los Angeles, CA 90045

FAX registration form to: (310) 568-8202— Attn: Rose Rosas

I am ___ am not ___ interested in LCPTC _____ Certificate Program (If interested, state program name)

Checks for non-sufficient funds (NSF) will not be re-deposited. If the bank does not clear your check, for any reason, you will incur a returned check charge of \$25.