



3075 Terwood Road
Willow Grove, PA 19090
Phone: (215) 784-4802
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www.eastech.org

Continuing Education Class Registration Form

Class Name: _____ Class Date: _____

Name: _____ Date of Birth: _____

Gender: Female Male

Address: _____ Apt. _____

City: _____ State: _____ Zip: _____

Day Phone: () _____ Eve. Phone: () _____

Email: _____

Enclosed is my check # _____ made payable to EASTERN for: \$ _____

Cash payment \$ _____ Credit Card payment \$ _____

Please bill my company: (a letter of authorization or P.O. must be attached)

Race: (check one)

- White/Not Hispanic
- Black/Not Hispanic
- Hispanic
- American Indian/Alaskan Native
- Asian American/Pacific Islander
- Other _____