## REGISTRATION

## ONLINE

www.oobsaco.maineadulted.org

**FAX (207) 934-3705** Fill out and fax the Registration Form below with your credit card info.

## PHONE (207) 934-7922

Please have your course information and credit card handy.



**IN PERSON** Come see us at the address below. We are open from 10 AM to 9 PM, M-Th.

**MAIL** Fill out and mail the Registration Form to:

OOB/Saco Adult Ed, 40 E. E. Cummings Blvd. Old Orchard Beach, ME 04064

Please include your check payable to: OOB/Saco Adult Education or your credit card information and signature.

Please Print Clearly			Check he		
Student Name (First, Last)			new add	ress	
	ıddress, if applica	ble)		. ,	
			/	/	
City	State Zip		Birthdate	Birthdate (mo/day/yr)	
Home Phone (With Area Code)	Work Phone (With Area Code/Ext.)				
E-mail Address					
Course Information Course Title		Start Date	Course Fee	Amount Enclosed	
			TOTAL		
Credit Card Information By signing refund policy and release OOB/Saccof accident and approve the charge MasterCard DISCOVER	Adult Education Adult Education Made to your cr	n from any ar	nd all responsib	accept the ility in case	
Credit Card Number (Please print clearl	у)		Sec. code	Exp. Date	
Print name as it appears on your credit	card				
Signature				Date	