



**Class Registration Form**

CLASS	TIME	INSTRUCTOR	DATE	FEE
<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____
				TOTAL _____

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE ZIP \_\_\_\_\_

E-MAIL: \_\_\_\_\_

DAY PHONE: \_\_\_\_\_ EVENING PHONE: \_\_\_\_\_

PAYMENT METHOD:

CREDIT CARD    CARD # \_\_\_\_\_ EXP \_\_\_\_\_

CHECK

SIGNATURE \_\_\_\_\_ CVN# \_\_\_\_\_

NO REFUNDS UNLESS LMLT CANCELS CLASS.

This is the 3 digit verification number on the back of your card.

PLEASE MAIL OR FAX THIS FORM TO:

LACIS  
 3163 ADELINE ST.  
 BERKELEY, CA 94703

FAX: 510-843-5018

ALL CLASSES WILL BE HELD AT THE LACIS MUSEUM  
 2982 ADELINE ST. BERKELEY, CA 94703

STUDY GROUP MEETS AT 3163 ADELINE ST.