

CITC Continuing Education Registration Form

All fields must be completed. Accurate license number required to receive Continuing Education credit.

Name _____

Address _____

Day Phone _____ Evening Phone _____

Email _____

License # _____ License Exp. Date _____

Company Name _____

Company Phone _____ Company Fax _____

Class Title	Date	Location	Cost
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total _____

Payment Information

Payment Type: Cash Check Money Order Visa MasterCard Discover

* Make checks and money orders payable to: CITC

Credit Card # (VI, MC, or DI only) _____

Expiration Date (month/year) _____ 3-digit code (signature block) _____

Billing Address _____

Signature (required to validate charge) _____

Print Name (exactly as shown on card) _____



Send payment and completed registration form via:

Mail: CITC, 1930 116th Ave NE, Bellevue, WA 98004-3044

Fax: 425.462.7391