



2-HOTT PRE-REGISTRATION FORM

Complete the following information:

PART 1: CLASS INFORMATION:

Class Location: _____

Class Dates & Times: _____

PART II: STUDENT INFORMATION:

Name: _____

MID #: _____

Address: _____

City, State, Zip: _____

FRU Name & Number _____

Current Office Held: _____

Telephone Number: _____

Email Address: _____

If available, reserve a training laptop YES NO

Rate your current level of experience with QuickBooks and LCL.net by circling one of the following:

New User Some Experience Experienced User

Cost = \$50.00 / Person - Includes Materials

Please Complete and Return this form along with check made payable to the PMA to:

Cindy Croyle
PMA Fraternal Education Coordinator
408 W Horner St., #17
Ebensburg, PA 15931

REFUND POLICY: Refunds will only be given if cancellations are made in writing 72 hours prior to class date.

