# Registration Form

**Continuing Education**

Name: ________________________________________________

Address: ________________________________________________

City: __________________________________ State: __________ Zip: __________

Is this a new address? ☐ No ☐ Yes  Old address: ____________________________________________

Telephone: Home: ___________________ Cell: ______________________

E-Mail Address: __________________________________________

SI Graduate? ☐ No ☐ Yes  SI ID#: ______________________ Program/Grad.Date: __________

Lic. or Cert. In: ____________________________ Lic. or Cert. # and Issuing State: ___________________

Class details available at the Continuing Education link at www.swedishinstitute.edu.

<table>
<thead>
<tr>
<th>Class title and number</th>
<th>Class Date</th>
<th>Tuition</th>
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Total Amount: __________________________

Tuition Payment

☐ Credit Card Payment (circle one)  Amex  Visa  MC  Discovery

Card Number: ____________________________ Exp. date: __________

Amount: ____________________________ Signature: ____________________________

☐ Other: ____________________________

Return Form with Payment to:

Swedish Institute
Professional Continuing Education
226 West 26th Street
New York, NY 10001

For Office Use Only

____________________________________________________________

____________________________________________________________

Today's Date: ____________________________