



## *NY Communications Training Centers, Inc.*

35 W. Jefferson Ave., Pearl River, NY 10965 845-353-9269 Main 845-353-9270 Fax www.nycomtc.com

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### Registration Form

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#### Registrant Information (please print)

Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_

License Type (circle one) T1 T2 C5 C6 License Number \_\_\_\_\_

Preferred Course Date (choose from available dates) \_\_\_\_\_

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#### Home Address (please print)

Street \_\_\_\_\_ City / Town \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

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#### Employment Information (please print)

Company Name \_\_\_\_\_

Address \_\_\_\_\_ City / Town \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

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#### Payment Information (please print)

Check Payment (payable to NY Communications Training Centers, Inc.)  
Check # \_\_\_\_\_

Credit Card Payment      Master Card      VISA      AMEX

Name as it appears on card \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

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