

ADULT REGISTRATION FORM

Seminar Registration

Name (Person # 1)

Name (Person # 2)

Mailing Address

City State Zip

County E-mail Address

Home Phone Work Phone

Cell Phone Birthdate

How do you learn about PICE classes?

Please enroll me/us for the following:
Remember to multiply the tuition fee by the number of people enrolling.

Program/Event Title	Tuition Fee
	# Enroll Person(s) Total

Choose lodging (Residential Programs ONLY)
 Shared Private Commuting
A private room requires an additional fee and is assigned only if space allows for these accommodations.

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	# Enroll Person(s) Total

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Registration Subtotal \$ _____

Support Our Work

Your support makes our programs possible.

\$50 \$250 \$500 \$1000 \$5000 Other _____

I would like to pledge \$ _____ per month for
 _____ years for a total of \$ _____.

 Method of Payment:

- Check, *payable to PICE* Money Order
- Please send information about planned giving
 I am interested in volunteer opportunities
 Please send me a program catalog

Total Contribution \$ _____

GRAND TOTAL (including registration subtotal) \$ _____

 Do you wish ACT 48 credit hours? Yes No
 If yes to above question, please provide the following:

PDE Number (assigned by PA Dept. of Education) or Social Security Number

If applicable, do you want academic credit? Yes No

Requested Roommate Name _____
 (if applicable)

Please note any dietary or special needs:

___ Self-sponsored ___ Sponsored by _____

** Please provide full names of all participants or complete a form for each participant if they have separate mailing addresses.*

** This is **NOT** the application form for Wildlife Leadership Adventures Program.*

** A nonrefundable deposit (\$25 for tuition of \$90 or less, \$50 for \$91-299, and \$75 for \$300 or more) must accompany all registration forms. Final payment is due 31 days prior to the program start date.*

** Credit Cards are not accepted*



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