



# PROGRAM REGISTRATION FORM

Today's Date \_\_\_\_\_ Profession (optional) \_\_\_\_\_

Name \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone # Day \_\_\_\_\_ Evening \_\_\_\_\_

Is this a new address?  Yes  No

How did you hear about The Open Mind Center? \_\_\_\_\_

COURSE #	COURSE DATE	COURSE TITLE	#OF TICKETS	NONMEMBER FEE	MEMBER FEE

Discount  Senior/Student: Read the registration policies and procedures to determine if you're eligible for a discount.

TOTAL ENCLOSED \$ \_\_\_\_\_

Method of payment:  Amex  Visa  MC

Card# \_\_\_\_\_

Exp. Date \_\_\_\_\_

Security Code \_\_\_\_\_

If you would like to pay by check, print this form and mail it, with the check to:

Attn: Registrations  
The Open Mind Center  
1575 Old Alabama Road  
Suite 213  
Roswell, Georgia 30076

Check # \_\_\_\_\_ Check Date \_\_\_\_\_