

Registration Form

Spring 2010 Alliance for Continued Learning

Please complete and return form with payment to:
ETSU Office of Professional Development
Box 70559
Johnson City, TN 37614-1707
or fax with credit card information to: 423-439-8267

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____

E-mail address: _____

____ I (We) will attend the opening day informal continental breakfast.

____ I have enclosed a check for the \$40 per person membership fee. **(Made payable to East Tennessee State University.)**

____ Charge my MasterCard VISA Discover

Card Number

Exp. Date

Security code (3-4 numbers on back)

Signature