

Registration Form CONTACT Training

ENCLOSED IS MY FEE:

\$50 \$25 (teen)

\$125 Professional/Personal Growth

AM Session PM Session

I cannot enroll now. Please add my
name to the mailing list for the next training
class.

Name_____

Street_____

City_____ State_____ Zip_____

Telephone (H) _____

(W) _____

REFERENCES (2):

Name_____

Telephone_____

Name_____

Telephone_____

CONTACT Lancaster Helpline

Business office

601 S. Queen St.

P.O. Box 2454

Lancaster, PA 17608-2454

janderson@caplanc.org