

# THE TORRICE TECHNICAL INSTITUTE

## Registration Form

PAYMENT REQUIRED WITH REGISTRATION EITHER FAX OR MAIL THIS COMPLETED FORM TO REGISTER.

Class Name: \_\_\_\_\_  
\_\_\_\_\_

Attendee Name (s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

Charge my credit card this amount \$ \_\_\_\_\_ Master Card \_\_\_\_\_ Visa \_\_\_\_\_ AmEx \_\_\_\_\_

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Card Holder Name: \_\_\_\_\_

PLEASE MAIL YOUR PAYMENT AND REGISTRATION FORM TO:

**S. G. Torrice Company  
80 Industrial Way  
Wilmington, MA 01887  
Attn: Philip Valpey**

Credit card orders may be faxed to (978) 657-4044. Any Questions call (800) 888-8359.