

THE TORRICE TECHNICAL INSTITUTE

Registration Form

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

CLASS NAME: _____

CLASS DATE: _____ CLASS LOCATION: _____

ATTENDEE NAME(S): _____

COMPANY NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

PHONE (____) _____ CONTACT: _____

I have enclosed my check # _____ in the amount of \$ _____

OR

Charge my credit card for the amount of \$ _____ Master Card ____ Visa ____

Account Number: _____ Expiration: ____/____

Signature _____

Print 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