

REGISTER ONLINE AT <http://www.mcdcommunities.org/training.asp>

*If faxing or mailing the registration form, please complete one registration form per student and class.
Photocopy as needed.*

Student Information

Student Name: _____

Course Name: _____ Course Location: _____

Course Date(s): _____

Facility Information

Facility Name: _____

Mailing Address: _____

Where the invoice will be sent if paying by check.

Work Phone: _____ Work Fax: _____

Facility Email: _____

Where the course confirmation will be emailed.

Sign up for our mailing list!

- Please email me the MCD Communities Course Schedule when it is released every 6 months! (*I am not currently on your mailing list.*)
- Please take me off your mailing list. Thank you!

Method of Payment

All payment must be received prior to the start of the course.

Pay by check.

Pay by credit card.

Name on card: _____

Credit card #: _____

CVV # (3 digit number on the back of the card): _____

Expiration date: _____

**Make checks payable to
MCD Communities**

**Please return the
completed
registration form with
payment to:**

Sharon Wyman
MCD Communities
Assistant to the Division
Director

11 Parkwood Drive
Augusta, ME 04330
Tel: (207) 622-7566 x-240
Fax: (888) 974-1186
Email: sharonw@mcd.org