

# Abstract Class Registration Form

Full Name: \_\_\_\_\_ (Please print)

Home Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Has Home Info Changed Since Last Registration? Yes\_\_ No\_\_

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Work Address:

\_\_\_\_\_  
(Street) (City) (State) (Zip)

Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Has Work Info Changed Since Last Registration? Yes\_\_ No\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail: \_\_\_\_\_

I Wish To  
Register For: \_\_\_\_\_

Course Number: \_\_\_\_\_ Course Location: \_\_\_\_\_

Date: \_\_\_\_\_

Mail Preference: Home\_\_ Work\_\_

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

Management Approval: \_\_\_\_\_ Date: \_\_\_\_\_

- Cancellations for all PVD classes must be made **at least 3 working days prior to the first day of class.**
- PVD will accept **written cancellations only**; phone calls will NOT be accepted. Written cancellations may be faxed.
- Failure to give the required notification will result in the county or person being billed for the total cost of the class.