



PAMET Northern California
35 Treeside Court
South San Francisco, CA 94080

REGISTRATION FORM

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

HOME PHONE: _____

CELL PHONE: _____

EMAIL: _____

I have read the registration policies and agree to abide by them.

SIGNED: _____

DATE: _____

FULL SERIES:

Fee includes completed lecture hand-outs and binder.
Full session includes Mock Exam.

_____ FULL SESSION (Includes Mock Exam)	\$990.00
_____ ONE DAY SESSION	\$150.00
_____ MLT/FULL	\$700.00
_____ RETURNING REGISTRANTS	\$550.00
_____ MOCK EXAM	\$150.00

Please make checks payable to:

PAMET NORTHERN CALIFORNIA

Then mail to:

PAMET Northern California
c/o Evelyn Roux
35 Treeside Court
South San Francisco, CA 94080