

REGISTRATION FORM

General Information:

Pre-registration for all courses is required. Space will be guaranteed only upon receipt of tuition. Course fees are refundable if cancelled ten (10) or more business days before the start of the program.

If cancellation is made less than 10 business days, a processing fee of \$35.00 will be assessed and the remainder of the tuition refunded. Substitutes for registrants are accepted.

CMC reserves the right to cancel any program. In the event of cancellation, all registrants will be notified and the full course fee returned.

Confirmation:

Registrations will be confirmed by mail. If you do not receive confirmation, please call: The Organizational Development Department at (570) 969-8001.

Payment:

- Check made payable to Community Medical Center
- All credit cards accepted except American Express
Credit Card Payment may be made by phone: (570) 969-8001

Dress is business casual. Rooms are sometimes cool; please dress in layers for maximum comfort.

Program _____

Program Date(s) _____ Fee Submitted _____

Name _____

Mailing Address _____

Employer _____ Position _____

Home Phone _____ Cell _____ Work _____

Email address _____

Mail registration & payment to:

**Community Medical Center
Organizational Development Department
1800 Mulberry Street
Scranton Pa. 18510**