

REGISTRATION FORM



PLEASE PRINT ALL INFORMATION

Are you a Myerberg Member? Yes No

Date _____

First Name _____ M.I. _____ Last Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone Number _____ Cell Phone Number _____

Email _____

PROGRAM REGISTRATION

CLASS/PROGRAM	DAY	DATES	FEE		
			Priority	Member	Non-Member
_____	_____	_____	\$		
_____	_____	_____	\$		
_____	_____	_____	\$		
_____	_____	_____	\$		
_____	_____	_____	\$		
_____	_____	_____	\$		
_____	_____	_____	\$		
			TOTAL:		

Payment is due at the time of registration. Center membership **MUST** be current and remain throughout the duration of the class/program to receive member rate. By your enrollment in classes, The Myerberg has permission to use photography/ videos for publicity purposes.

Cash Check Check # _____ *Make checks payable to: Myerberg Center*
 Visa Mastercard AmEx Discover

Credit Card Number _____

Exp. Date _____ 3-Digit Security Code _____

Card Billing Address (if different than above) _____

City _____

State _____ Zip code _____

Cardholder's Phone Number (if different than above) _____

Mail completed form to:
Edward A. Myerberg Center
3101 Fallstaff Road
Baltimore, MD 21209

Please call 443-963-1449 to register by phone.