

# COURSE REGISTRATION FORM

Mr.  
Mrs.  
Ms.

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Course Choice #1: \_\_\_\_\_ Date: \_\_\_\_\_

Course Choice #2: \_\_\_\_\_ Date: \_\_\_\_\_

Total Tuition: \_\_\_\_\_

Check, Cash, Money Order       American Express, Mastercard, Visa

Signature: \_\_\_\_\_ Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**Register by Mail:** Fill in the registration card and mail with full payment to: **The Greek Institute**, 1038 Massachusetts Avenue, Cambridge, MA 02138. Enclose a check or money order. If you pay with your American Express Card, write your card number and the expiration date on the registration form, and please do not forget to sign your name.

**Walk-In:** Please stop by and register in person. We can also reserve your spot and you can register on the evening of the course.

**By FAX:** Please fax your completed registration form to 617-661-9150.

*If you have any questions, or would like more information, please call us at 617-547-4770.*