

WISE Women's Center of Essex County College
303 University Avenue, Newark, NJ 07102
REGISTRATION FORM (Print clearly)

Name _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ e-mail _____

TO REGISTER:

1. Write course title, start date and cost.
2. Mail this form with the check or money order payable to the Essex County College to the above address

Course Title	Start date	Cost
TOTAL		

Signature _____

Date _____