



The Center for Simulated Business Services
Mercer County Community College
P.O. Box B, Room BS105
Trenton, New Jersey 08690
Business Practice Firm Training Program
Phone (609) 570 3463 / Fax (609) 570-3878

REGISTRATION FORM

Wednesday, February 25 through Friday, February 27, 2009
Registration and payment due by February 2, 2009

Name _____ **Title** _____

School _____

Address _____

City _____ **State** _____ **Zip** _____

Phone No. _____ **Fax No.** _____

E-mail Address _____

I am registering for:

- February 25, 2009—Orientation Session \$ 50.00
- February 26 & 27, 2009—Training Session \$500.00

Method of Payment

- Credit Card
Name of card, name listed on card, number and expiration date (Visa or MasterCard)

- Check made payable to: CSBS/Mercer County Community College. (If personal check, indicate your social security number.) and mail to address above.

- Purchase Order# _____

Payment in full or a purchase order must accompany this registration form to reserve your space. No refunds for cancellation will be made; however, fees are transferable to the next scheduled session.