



FOR OFFICE USE ONLY Session Preference: (circle one) AM OR PM / Start Date of Course \_\_\_\_\_  
Registration Date: \_\_\_/\_\_\_/\_\_\_\_\_ Ph. # 404-475-5380

## REGISTRATION FORM

<b>Name:</b> _____	<b>Business Nam:</b> _____	
<b>Home Address:</b> _____	<b>Business Address:</b> _____	
<b>City:</b> _____ <b>State:</b> _____	<b>City:</b> _____ <b>State:</b> _____	
<b>Zip:</b> _____	<b>Zip:</b> _____	
<b>Home Phone:</b> ( ) _____	<b>Work Phone:</b> ( ) _____	<b>Business Phone:</b> ( ) _____
<b>Fax Number:</b> ( ) _____	<b>E Mail Address:</b> [ ] _____	

- 1. Gender** { } Male { } Female
- 2. What is your age?** \_\_\_\_\_
- 3. What is your ethnic background?** { } African-American { } Hispanic { } Asian-American  
{ } Caucasian { } Native American { } Other (Specify) \_\_\_\_\_
- 4. Which category best describes your formal years of education?** { } Elementary/Secondary  
{ } High School Graduate { } Some vocational/trade { } Vocational/trade grad { } Some college  
{ } A-2 year college grade { } A 4-year college grad { } Post graduate college
- 5. Including yourself, how many people are in your household?**
- 6. Are you the primary income earner in your household?** { } Yes { } No
- 7. What was your gross annual income last year from all sources?**

### Form of Payment

Visa ( ) MC ( ) Amex ( ) DC ( ) Discover ( )

Account number \_\_\_\_\_ Exp date \_\_\_\_\_ Sec. Code \_\_\_\_\_

Check ( ) Money Order ( ) Cash ( )

Please remit \$995.00 for registration fee. **Mail payment to EDN; 1777 N.E. Expressway, Suite 275**

or Fax to 404-475-5390 Thank you.