

## Continuing Education Registration Form

Please fill out a form for EACH CLASS DATE you want to attend

| Name:   |  |   |  |
|---|--|---|--|
|   |  |   |  |
| Must have at least one co   | ontact number                                    |   |  |
| Cell Number: Home Number:   |  | Work Number:  |  |
| Street Address:   |  |   |  |
| City:   | State:   | Zip:  |  |
| Professional License Number: L  |  | License Discipline:   |  |
| Class Date(s) and Hours   | Attending:                                       |   |  |
| Location of Class Attend<br>Cedar Falls<br>Cedar Rapi<br>Davenport<br>Des Moine<br>Fort Dodge<br>Fremont<br>lowa City | s<br>s   | Class Hours Attending:<br>Education ONLY<br>Iowa Law ONLY<br>Both Classes                                     |  |
|   | tion:  |   |  |
|   |  |   |  |
| Form of Payment: [<br>[<br>[  | Check CK#<br>Cash<br>Credit Card<br>Card Number: | nent*<br>rom the corresponding LJIC program.<br>  |  |
|   | Expiration Date:                                 | $\bigcirc$ |  |

La' James reserves the right to cancel any class due to inclement weather or lack of sufficient registration. Party submitting registration will be notified prior to date of class of any cancellation. Registration fee is non-refundable due to your failure to notify class site within 7 days prior to class of inability to attend.