

Please Fill Out and Send to:  
**SICA, 20 Third Ave., Long Branch, NJ 07740**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TOWN \_\_\_\_\_

STATE / ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

**Please enroll me in the following courses:**

<u>COURSE</u>	<u>COST</u>
<input type="radio"/> SU 06-01	_____
<input type="radio"/> SU 06-02	_____
<input type="radio"/> SU 06-03	_____
<input type="radio"/> SU 06-04	_____
<input type="radio"/> SU 06-05A	_____
<input type="radio"/> SU 06-05B	_____
<input type="radio"/> SU 06-06A	_____
<input type="radio"/> SU 06-06B	_____
<input type="radio"/> SU 06-07	_____
<input type="radio"/> SU 06-08A	_____
<input type="radio"/> SU 06-08B	_____
<input type="radio"/> SU 06-09A	_____
<input type="radio"/> SU 06-09B	_____
<input type="radio"/> SU 06-10A	_____
<input type="radio"/> SU 06-10B	_____
<input type="radio"/> SU 06-11A	_____
<input type="radio"/> SU 06-11B	_____

**TOTAL: ENCLOSED IS MY CHECK FOR** \_\_\_\_\_

OR PLEASE CHARGE MY \_\_\_ VISA \_\_\_ MC \_\_\_ AMEX

Credit Card No. \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_