

TURKISH CLASS REGISTRATION FORM

STUDENT INFORMATION

Name (First, Last):				E-ma	E-mail:		
Company:					Gender: _	M F	
Phone (Cell):		Phone (Work):		•			
Address:		City:			State:	Zip:	
EMERGENCY P	HONE	/CONTAC					
Name:	<u> </u>		Relation				
Phone (Cell):	Pho	none (Work):					
Phone (Home):	E-m	E-mail:					
CREDIT CARD	PAYM	ENT INFO	RMATION				
NOTE: This page is going to be securely destroyed after processed by the accounting department, and will not be kept by any TASC staff. Please charge my card the whole amount at once. Visa MasterCard Discover AmEx Name on Card: Card Number:							
Expiration Date:	CVVC	Code:					
Billing Address:							
Address:		City:		State:	Ž	łip:	
Tution: \$250.00 (Books are included in this tuition)							
Name:		Date:					
Signature:							

TURKISH CLASS SCHEDULE

1/15/2015 Thursday	from 7 P.M. to 8:15 P.M.	Room # 254
1/22/2015 Thursday	from 7 P.M. to 8:15 P.M.	Room # 254
1/29/2015 Thursday	from 7 P.M. to 8:15 P.M.	Room # 254
2/5/2015 Thursday	from 7 P.M. to 8:15 P.M.	Room # 254
2/12/2015 Thursday	from 7 P.M. to 8:15 P.M.	Room # 254
2/19/2015 Thursday	from 7 P.M. to 8:15 P.M.	Room # 254
2/26/2015 Thursday	from 7 P.M. to 8:15 P.M.	Room # 254
3/5/2015 Thursday	from 7 P.M. to 8:15 P.M.	Room # 254
3/12/2015 Thursday	from 7 P.M. to 8:15 P.M.	Room # 254

Location: Science Academy of Chicago

501 Midway Dr.

Mount Prospect, IL 6007