



COLLEGE OF  
MOUNT SAINT VINCENT

Mastering the English Language for Professionals Course  
REGISTRATION FORM

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**Personal Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Social Security Number (For internal identification purposes only): \_\_\_\_\_

Is this also your billing address: Yes: \_\_\_\_\_ No: \_\_\_\_\_

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**Business Information:**

Name of Employer: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Is this also your billing address: Yes: \_\_\_\_\_ No: \_\_\_\_\_

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**Payment Information:**

Type of Credit Card: Visa: \_\_\_\_\_ M/C: \_\_\_\_\_ Amex: \_\_\_\_\_ Other: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Security Number: \_\_\_\_\_

I authorize use of my credit card: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Signature: \_\_\_\_\_

**OR**

A check or money order for \$375.00, made payable to the College of Mount Saint Vincent is enclosed: \_\_\_\_\_

**How to submit completed registration form:**

**In person:** 6301 Riverdale Avenue, Administration Building, Suite 304

**By mail:** Tamara Arbesman, Director, Marketing and Recruitment  
College of Mount Saint Vincent  
6301 Riverdale Avenue, Administration Bldg. Suite 304  
Riverdale, NY 10471

**By Fax:** 718-405-3764

**By E-mail:** [tamara.arbesman@mountsaintvincent.edu](mailto:tamara.arbesman@mountsaintvincent.edu)