

EXPRESSIONS BY ADESI
AMERICAN SIGN LANGUAGE 1 & 2
REGISTRATION FORM

Registrant's name (first, last) _____

Address _____

(Street, city, state, zip) E-mail _____

Home Phone _____ Cell phone _____

Emergency Contact _____

Class day and time _____

Instructor: Adesi Canaglia Brown – 404.729.1025

Location _____

Class start date _____ End Date _____

Refund Policy: I understand that deposits and /or fees for the above identified class are non-refundable and no transferable. No fee will be refunded unless the class is cancelled. I hereby request that if the class is cancelled that the registration fee be refunded and mailed to me at the residence listed above.

Registrant _____ Date _____
Print

Registrant _____
Signature

Payment method: Check # _____ Cash _____ Money Order _____

Amount paid _____ Rec # _____

Send registration form with tuition to: Adesi C. Brown Po Box 874, Decatur GA 30031. 404.729.1025