

**MOUNT SINAI ADULT EDUCATION PROGRAM  
Registration Form**

Please use one form per course. This form may be photocopied.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE: \_\_\_\_\_

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

Please email completed form and check payable to Mount Sinai UFSD to:

Office of the Adult Education Program  
Mount Sinai Elementary School  
North Country Road  
Mount Sinai, NY 11766

Course Title	Date	Fee