



South Lake Hospital Community Education Class Registration/ Payment

CLASS REGISTRATION

Class(es)	Date(s)	Time(s)	Fee	Location

NAME(s): (Please Print)

ADDRESS:

PHONE NUMBERS: Day: _____

Evening/Cell: _____

E-mail Address: _____

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 \* PAYMENT  Cash  Check (Make Checks Payable to: **South Lake Hospital**)  
 Charge  VISA  MC  AMEX  DISCOVER

Name on Card: \_\_\_\_\_ Amount Total: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

*Registration is confirmed upon receipt of payment. Payment is non-refundable.*

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

Mail registration form with payment to: **OR**  
 South Lake Hospital  
 Education Department  
 1099 Citrus Tower Boulevard  
 Clermont, FL 34711

Payment made be made in person  
 at South Lake Hospital Human  
 Resources Desk in the National  
 Training Center.

\*\* South Lake Hospital reserves the right to cancel a program when necessary. Participants will be notified by telephone.

