

REGISTER ONLINE AT www.newcommunitiesinc.org/training.asp

*If faxing or mailing the registration form, please complete one registration form per student and class.
Photocopy as needed.*

Student Information

Student Name: _____

Phone: _____ Email: _____
The number to be called in the event of a cancellation.

Course Name: _____ Course Location: _____

Course Date(s): _____

Organization Information

Organization Name: _____

Mailing Address: _____
Where the invoice will be sent if paying by check.

Phone: _____ Fax: _____

Email: _____
Where the course confirmation will be emailed.

Sign up for our mailing list!

- Please email me the New Communities Course Schedule when it is released every 6 months! *(I am not currently on your mailing list.)*
- Please take me off your mailing list. Thank you!

Method of Payment

All payment must be received prior to the start of the course.

- Pay by check.
- Pay by credit card.
 - Name on card: _____
 - Credit card #: _____
 - CVV # (3 digit number on the back of the card): _____
 - Expiration date: _____

**Make checks payable to
New Communities, Inc.**

**Please return the
completed
registration form with
payment to:**
Sharon Wyman
New Communities
Training & Program
Coordinator

11 Parkwood Drive
Augusta, ME 04330
Tel: (207) 591-0751 x-117
Fax: (888) 974-1186
Email:
swyman@newcomms.org