



Registration form for VFIS Education & Training Programs

PRE-REGISTRATION REQUIRED

Please mail or fax this completed registration form and include full payment to:

VFIS
PO Box 2726
York, PA 17405

(800) 233-1957 • Fax: (717) 747-7028 • www.vfis.com

Deadline for registration is 30 days prior to the date of the class. If you are within the 30 day period, please contact VFIS for availability

Please print clearly. Duplicate this form as necessary.

Last Name	First Name	Middle Initial	Title
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Daytime Phone	Fax Number	Email Address
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Organization

Organization Mailing Address	City	ST	Zip	County
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Program Request:

Program	Date(s)	Location
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Program	Date(s)	Location
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Program	Date(s)	Location
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Program	Date(s)	Location
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Form of Payment: Please check the appropriate box:

(Special Note: Are you presently insured through VFIS? Please contact VFIS regarding class price to registering.)

- Enclosed is a check made payable to VFIS
- Enclosed is Purchase Order # _____ payable to VFIS
(Please do not send PO separately – this will cause a duplicate registration)
- I authorize VFIS to charge my order to: Visa MasterCard Discover

Acct. # _____ - _____ - _____ - _____ Exp. Date: ____ / ____

Please print cardholder's name as on card	Signature of actual cardholder
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