

**PaPHCC Home Improvement Consumer Protection Act Seminar
Registration Form**

Name: _____

Company: _____

Address: _____

State: _____ Zip: _____ Tel: _____

Number Attending: _____

PaPHCC Members \$225.00 ~ Non Member rate is \$325.00

Check Amt \$ _____ Remit to PaPHCC 908 N. 2nd St., Harrisburg, PA 17102

Credit Card:

Amex Visa Mastercard

Card Number: _____ Exp: _____

Name on Card: _____

Please Fax to (717) 236-2046, or mail to PaPHCC 908 N 2nd St., Harrisburg, PA 17102