

REGISTRATION FOR CORPORATE CLASSES

Name of Company _____

Mailing address: _____

Please list the class you are interested in _____

Please list possible dates of class: _____

Contact person: _____

Position Held: _____

Day Time Phone: _____

Email Address: _____

Fax Number: _____

Program details:

Time and length of Program: 1-2 hours 3-4 hours 5-6 hours

Do you wish to come to "Villeroy" for your class? _____

If NO, please provide the location of the class: _____

Number of participants attending the presentation: _____

*******There is to be a clear understanding that no videotaping
or publication of unauthorized materials is allowed*******

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