

Fall 2008 Optical Scan Training Registration Form

**PLEASE SUBMIT FORM TO THE OFFICE OF THE SECRETARY OF THE STATE:
ROLLING REGISTRATION THROUGH MONDAY, SEPTEMBER 22ND**

TOWN: _____

NAMES of REGISTRARS: _____

OFFICE PHONE: _____ ALTERNATE PHONE: _____

FAX NUMBER: _____

Classes will be filled on a first come, first serve basis. Registration is not complete until you receive confirmation for a class. Training will be confirmed via fax within 48 hours upon receipt.

PLEASE SEE THE CALENDAR FOR TRAINING DATES, LOCATIONS AND TIMES.

PLEASE PRINT NAME and TITLE:

CLASS DATE, LOCATION, and TIME:

Please attach a second page if more space is required.

PLEASE NOTE: These classes are open to anyone who would like to attend. There is no certification offered as a result of taking the any of the scheduled classes.

**FAX to (860) 509-6127 or (860) 509-6230
ATTN: Amy Aureli**