

REGISTRATION FORM

Please Register Me For: The 14 Week Master Electrician License Prep Program

Name: _____

Home Address: _____

Business: _____

Phone number where you can be reached in case of a schedule change:

Phone: _____ Cell: _____

E-mail: _____

Major credit cards accepted

Make checks payable to IELP, Inc. Send registration form along with check to:

Indiana Electrical License Prep, Inc., 12230 N. Cedarwood Drive, Mooresville, IN 46158.

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