

LYCEUM REGISTRATION FORM

*Please print this form, fill out completely and mail or fax to:
Parapsychology Foundation, 228 East 71st Street, New York, New York 10021, USA
Phone: 212-628-1550 Fax: 212-628-1559*

I wish to preregister for the following Lyceum event(s):

Name of Lyceum
Course or Forum _____

Date _____ Location (please name city only) _____

Name of Lyceum
Course or Forum _____

Date _____ Location (please name city only) _____

Your Name _____

Address _____ City _____

State/Province _____ Zip/Postal Code _____

Country _____ Phone _____

Fax _____ Email _____

Method of Payment (check one): My check/money order is enclosed.

Please charge my credit card: American Express Visa MasterCard Discover

Account # _____ Expires _____ Signature _____

Thank you for registering. We look forward to seeing you at our Lyceum events.