

LAB-aids**INSTITUTE**

17 Colt Court

Ronkonkoma, NY 11779

Phone: 800 381-8003 Fax: 631 737-1286

www.lab-aidsinstitute.com

Application for LAB-AIDS® 2009 Summer Programs

Program Applied For _____

Application Date _____ Event Dates _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-Mail _____

Payment Information

Method of Payment (circle) *Check* *Purchase Order* *Credit Card*Credit Card Type (circle) *Mastercard* *Visa* *Discover*

Card # _____ - _____ - _____ - _____ Expiration (mo/yr) ____/____

Food Preference (circle) *No Restrictions* *Vegetarian* *Vegan* *Other* _____T-Shirt Size (for program T-shirt) **XS S M L XL XXL XXXL**

Comments _____

Please complete one form per applicant and send it with payment to:

Jan Freedland at LAB-AIDS (jfreedland@lab-aids.com)

You can contact her by phone at 800 381-8003 x 121

or by Fax at (631) 737-1286

Please Call if Registering Within One Week of the Event Date