



Continuing Education Registration Form

Please fill out a form for EACH CLASS DATE you want to attend

Name: _____

Email Address: _____

Must have at least one contact number

Cell Number: _____ Home Number: _____ Work Number: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Professional License Number: _____

Class Date(s) and Hours Attending: _____

Location of Class Attending:

- Cedar Falls
- Des Moines
- Fort Dodge
- Iowa City
- Davenport

Class Hours Attending:

- Education ONLY (9-1)
- Iowa Law ONLY (2-4)
- Both Classes (9-4)

LJIC Graduation Date: _____

Name at time of Graduation: _____

Additional Message: _____

Form of Payment:

- LJIC Graduate – no payment
- Check CK#:
- Cash
- Credit Card

Card Number: _____

Expiration Date: _____ CSV: _____

La' James reserves the right to cancel any class due to inclement weather or lack of sufficient registration. Party submitting registration will be notified prior to date of class of any cancellation. Registration fee is non-refundable due to your failure to notify class site with 7 days prior to class of inability to attend.