

Registration Form

Dates ___ Nov 21, 22, 23
 ___ Dec 12, 13, 14
 ___ Jan 16, 17, 18

Name _____
Address _____
City _____
State _____
Zip _____
Phone _____
Email _____

Register by mail-

Make your check payable to Chopper-U
and mail along with Registration Form to
Chopper University
PO Box 6270 Canton OH 44706

Register by phone-

Call us at 330.456.4571 or toll free at
800.438.6180 and have registration
and all credit card information ready

Register by Fax-

Fax Registration Form to Chopper-U at
330.456.2648 with credit card info -
Card Number _____
Expiration Date _____ / _____
3 digit security# _____ (see back of card)
Visa _____ or Mastercard _____

Signature _____