

# LMT Resource Registration Form

**Name:**

**Address:**

**Phone Number:**

**E-mail:**

**State or Federal License Number:**  
(If applicable)

**Name of course or courses:**

**Date of Course**

**Location of Course:**

**I will be paying by:**       Check       Money Order       Credit Card

**Type of card:**

**Card Number:**

**Expiration Date:**

**Name on the card:**

**Mail form to:**

**LMT Reaource  
P.O. Box 46433  
St. Petersburg, FL 33741**