MARITIME COLLEGE
STATE UNIVERSITY OF NEW YORK

SUNY Maritime College
Workshop/Seminar Application

First Name _____   **Last Name** _____

Organization _____

Title _____

Email _____   **Phone** _____

Address _____

Title of Course/Workshop _____

Amount Due _____

Credit Card Payment Only:
   Name on Card _____
   Credit Card # _____
   Expiration Date _____
   Security Code _____

Additional Information as Applicable:

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