



Multimedia Resources and Training Institute
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MMRTI Class Registration

First Name _____ Last Name: _____	
Mailing Address:	
City, State, Zip Code;	
Email Address: _____ HOME Phone _____ Cell: _____	
How did you hear about us: _____ Friend or family member _____ Mailing or Flyer _____ Website _____ Other	
Gender: Female / Male	Date of Birth:
Do you have Computer at Home?	
What Kind of MMRTI Classes Are You Interested In? Check all that apply: ____ Microsoft Office Applications ____ Photography/Photoshop ____ Video/Production	
Are you here for: ____ Email or general Internet access ____ Resume/Job Search ____ Class or Workshop ____ Tutoring ____ Computer help ____ Other. Please describe _____	
Race /Ethnicity:	
Language Preference Do you: ____ Speak mainly English _____ Speak English and another Language _____ Speak mainly another Language	
Any Comment:	
Signature:	Date: