

INFOSERVE TECHNOLOGIES INSTITUTE
39-20 MAIN STREET. 2ND FLOOR, FLUSHING NY 11354
STUDENT LEDGER CARD

Last name _____ First _____ Middle _____

Address _____

City _____ State _____ Zip Code _____

Home Tel. _____ Cell Tel. _____ E-mail _____

Course Title: _____

Session Morning __ Afternoon __ Evening __ Saturday __

Days _____ From _____ - To _____

Length _____ Price _____ Reg. Fee _____ Tuition _____

Start _____ Agent _____

Date	Receipt Number	Description of Transaction	Amount Charged to account	Amount Credited to account	Old Balance	Balance

APPROVED

SEP 1 / 2014

Bureau of Proprietary
School Supervision