Landlord Training Program Registration

Training date (circle one): September 27th September 30th

Number attending: _____

Name(s): _____

Management or Real Estate Company (if applicable):

_____

Mailing Address:

_____

City/State/Zip: _____

Business/Daytime Phone: _____

Email address: _____

Number of units responsible for: _____

Did you (check all that apply):

___ Receive a letter from the City of Bethlehem regarding this training

___ Hear about it through the news media

___ Hear about it from friends, colleagues, or acquaintances

___ Other

Return this form to:

City of Bethlehem
Department of Economic and Community Development
10 E. Church Street
Bethlehem, PA 18018
Fax: 610