



HEBREW LANGUAGE 16 CREDIT EXAM REGISTRATION FORM

PERSONAL INFORMATION

Full Legal Name _____

Date of Birth _____ E-mail _____

Last Four Digits Social Security Number _____

Address _____

City _____ State _____

Country _____ Zip Code _____

Home Phone _____ Cell Phone _____

I would like to sign up for the optional review course

(Review course dates: Fridays from 9:30-11:00 AM 1/26, 2/2, 2/9, 2/16)

FEE & PAYMENT INFORMATION

- **\$480** for exam
(Exam Motzoei Shabbos Feb. 17th 7:30-10:30 PM)
- **\$605** for exam + review course

Payment made payable to **MAALOT Baltimore is due by 1/8/18 5pm with this completed Registration Form. The payment is non-refundable after 1/11/18.*