

NYS POINT/INSURANCE REDUCTION PROGRAM

851-1820

Thank you for your interest in the NYS Point/Insurance Reduction Program. Enclosed is an information sheet. Please read this prior to registration. **Fee: \$35.00 certified check or money order only.**

<p>NORTH CAMPUS 6205 MAIN STREET WILLIAMSVILLE, NY 14221 ROOM B-411 BRETSCHGER TECHNICAL CTR</p>	<p>SOUTH CAMPUS S-4041 SOUTHWESTERN BLVD. ORCHARD PARK, NY 14127 BUILDING 3 ROOM 3104</p>
<p>**ONE SESSION** 9:00AM - 3:30PM</p>	<p>**ONE SESSION** 9AM - 3:30PM</p>
<p><u>HALF HOUR BREAK 12-12:30PM</u></p> <p><i>AUGUST 29, 2009</i></p> <p><i>OCTOBER 24, 2009</i></p> <p><i>DECEMBER 12, 2009</i></p>	<p><u>HALF HOUR BREAK 12-12:30PM</u></p> <p><i>AUGUST 22, 2009</i></p> <p><i>OCTOBER 3, 2009</i></p> <p><i>NOVEMBER 14, 2009</i></p>

TO INSURE REGISTRATION, APPLICATIONS SHOULD BE RECEIVED ONE WEEK PRIOR TO CLASS STARTING DATE. WE WILL NOT CONTACT YOU FOR CONFIRMATION.

For closings due to weather or emergency call 270-5736. Closings are also announced on the radio and TV.

TEAR OFF THIS REGISTRATION PORTION
ENCLOSE \$35.00 FEE (MONEY ORDER OR CERTIFIED CHECK ONLY)
MAKE IT OUT TO "ECC PIR"

MAIL TO MAIN OFFICE AT: POINT INSURANCE REDUCTION PROGRAM
 ERIE COMMUNITY COLLEGE/SOUTH CAMPUS
 S-4041 SOUTHWESTERN BOULEVARD
 ORCHARD PARK, NEW YORK 14127-2199

PLEASE PRINT:
LOCATION _____ **CLASS DATE:** _____

NAME _____

ADDRESS _____

TELEPHONE _____ E-MAIL _____