



Maritime Association of the Port of New York/New Jersey Registration – Shipping 101

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip Code: _____

Company Contact _____

Business Phone: _____ E-Mail Address _____

List of Participants (Full Name is required for Certificates and Transcripts)

Dates Requested for training: June 12-16, 2017

Training location: 118 Export St., Port Newark, NJ

Payment: (Must be received before the start of the course)

Course Fees (circle one): \$900 per MAPONY/NJ member \$950 per non-MAPONY/NJ member

Once you have completed this form, please e-mail or fax it to us to reserve a place in the class. If paying by check, mail this form to us with your payment. You may also pay by American Express. Complete the information below and e-mail or fax to us.

E-mail: themaritimeassoc@erols.com Fax: (212) 635-9498

American Express

Name on Card _____ Card Number _____

Expiration Date _____ Signature _____

Signature _____

Date _____

17 Battery Place – Suite 913 New York, NY 10004

Tel: (212) 425-5704 Fax: (212) 635-9498

E-mail: themaritimeassoc@erols.com