

Woodstown Community School

Registration Form

Microsoft Office Certification

First Name: _____ Last Name: _____

Address: _____

City: _____ Zip: _____

Telephone: _____

email: _____

Tests: **\$75 for each test** (dates to be arranged)

Office Word XP _____

PowerPoint _____

Access _____

Excel _____

TOTAL: _____

**Make checks payable to: Woodstown Community School
140 East Avenue, Woodstown, NJ 08098
856-769-0144 x 260**