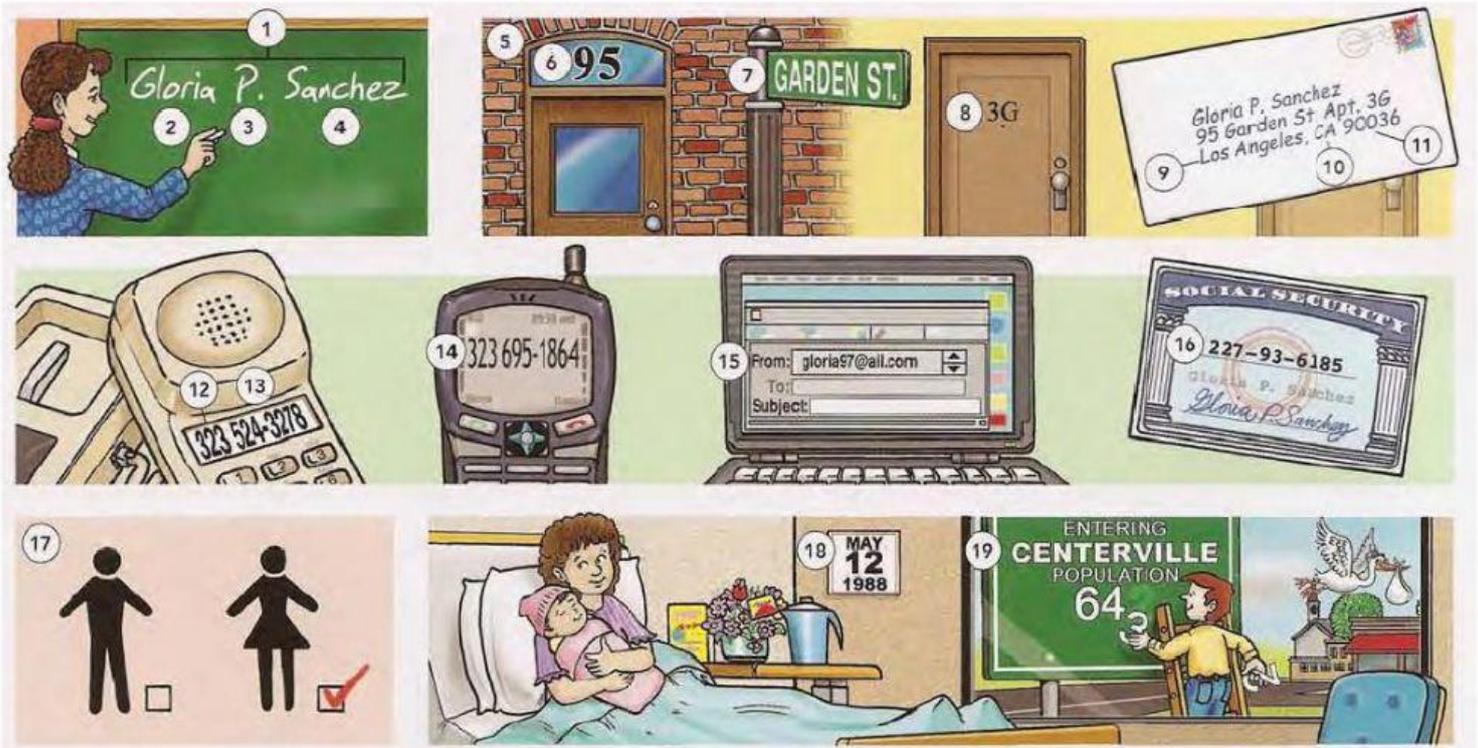


According to the information given in the image, help Gloria to fill in the Registration form.



Registration Form

Name _____
 First Middle Initial Last

Address _____
 Number Street Apartment Number

 City State Zip Code

Telephone _____ Cell Phone _____

E-Mail Address _____ SSN _____ Sex M ___ F ___

Date of Birth _____ Place of Birth _____