

REGISTRATION FORM

Please fill out all information completely.

This data is for student tracking purposes only and will not be released or used for any other purpose.

Name _____ Date of Birth* ___ / ___ / ___

*Under age 18 permitted only if indicated in course description.

Home Address _____ Home Phone (___ ___) _____

City _____ State _____ Zip _____

Male Female

Accessibility & Accommodations Needed (Please call 651.779.3365 or 651.773.1715 TTY.)

Business Name _____ Business Phone (___ ___) _____

Address _____

City _____ State _____ Zip _____

Email address _____

COURSE #	COURSE NAME	COURSE FEE
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
Total Course Fees*:		\$ _____

PAYMENT INFORMATION

Check(s)* enclosed.

***Please write a separate check for the exact amount of each course, payable to Century College.**

Business purchase order attached.

Please charge to my: VISA MasterCard Discover

Account # _____ - _____ - _____ - _____

Cardholder Name _____

Expiration Date ___ / ___ Card ID (CVV2/CID) # _____ (on back of card)