

# Century College Course Registration Information Form



*Please fill out all information completely. This data is used for student tracking purposes only and will not be released or used for any other purpose.*

Name:

E-mail Address:

Home Street Address:

City:

State:

Zip Code:

Telephone:

Home

Mobile:

*check one*

Work:

\*Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender: F

M

Other

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

**Accessibility & Accommodations Needed? Call 651.773.1745 or 651.773.1715 TTY**

Business Name:

Business Phone:

Street Address:

City:

State:

Zip Code:

Business Contact Email Address:

COURSE #

COURSE NAME

COURSE FEE

## PAYMENT INFORMATION

## TOTAL COURSE FEES:

Business purchase order attached

OR

Charge to my:

Visa

Account Number

MasterCard

-

-

-

Discover

Cardholder's Name

Expiration Date

Card Security (CVV) Code

**EMAIL THIS FORM TO CECT@CENTURY.EDU OR FAX TO 651.779.5802**