

Registration Form



Prefix _____ Last Name _____ Legal First Name _____
Middle Name _____ Suffix _____ Maiden Name _____
Address _____ City _____ State _____
Zip _____ County _____ Home Phone _____ Cell Phone _____
Social Security Number (Last 4 digits only) _____ Male Female Date of Birth _____

**** E-Mail Address** _____

Course Title _____ Course Number _____
Cost _____ Date of Course _____
Course Title _____ Course Number _____
Cost _____ Date of Course _____
Course Title _____ Course Number _____
Cost _____ Date of Course _____

Payment Method: Payment is required at the time of registration. A 2.5% processing fee will be added for credit card transactions.

Check (enclosed with this form) Credit Card: VISA MasterCard Discover American Express
Number _____ Security Code _____ Expiration Date _____
 Invoice my Company: Name of Company _____ Attn: _____
Address _____ Purchase Order # _____

Non-credit classes must be canceled 48 hours prior to the start of class in order to receive a refund.