

We'd like to add you to our contact list to notify you of new courses and programs.

Yes No

REGISTRATION FORM

TODAY'S DATE: _____ Spring: Jan-May Summer: May-Aug Fall: Aug-Dec

PLEASE PRINT YOUR INFORMATION IN ALL OF THE SPACES BELOW:

LAST FIRST MI

ADDRESS

CITY STATE ZIP

DAYTIME PHONE EMAIL

HOW DID YOU HEAR ABOUT US?

Enhance Brochure Website
 Friend Class
 Email Bulletin Other

WHAT OTHER COURSES WOULD YOU BE INTERESTED IN? _____

SEX: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	RACE: <input type="checkbox"/> WHITE <input type="checkbox"/> ASIAN/PACIFIC ISLANDER <input type="checkbox"/> BLACK <input type="checkbox"/> HISPANIC <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE	BIRTHDAY: _____ / _____ / _____ MONTH / DAY / YEAR (use 2 numbers per space)
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COMPLETE COURSE NUMBER	COURSE TITLE	COURSE FEE	LAB FEE	TOTAL
_____ • _____	_____	\$ _____	\$ _____	\$ _____
_____ • _____	_____	\$ _____	\$ _____	\$ _____
_____ • _____	_____	\$ _____	\$ _____	\$ _____
_____ • _____	_____	\$ _____	\$ _____	\$ _____
_____ • _____	_____	\$ _____	\$ _____	\$ _____
			TOTAL FEES	\$ _____

SF ID# _____ OR SOCIAL SECURITY # _____
 (SSN required for Insurance & CHD)

PAYMENT METHOD: PERSONAL CHECK / COMPANY CHECK / CASH _____

VISA / MASTERCARD / AMEX CREDIT CARD # _____ EXP DATE _____

YOU WILL NOT RECEIVE CONFIRMATION WITH CLASS TIMES AND DATES IN THE MAIL. PLEASE KEEP YOUR BROCHURE FOR ALL COURSE INFORMATION. THANK YOU.