

ADULT AND COMMUNITY EDUCATION PROGRAM REGISTRATION FORM



Phone In or Fax Your Completed Registration Form to:
Phone: 513-932-8145 or 1-877-547-5100 • Fax Number: 513-932-2304



Today's Date _____ Course Name _____ Start Date _____

STUDENT INFORMATION

First Name _____ MI _____ Last Name _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

COURTESY BILLING TO: (Must be accompanied by Purchase Order or Signature Authorizing Course)

Bill to (Organization) _____ Phone _____

Billing Address _____ City _____ State _____ Zip _____

Authorization for Payment: Name _____ Title _____ Signature _____

STUDENT STATEMENT:

I hereby accept financial responsibility for tuition, books and lab fees should my employer not pay on a timely manner. _____
Student's Signature

I give permission to Warren County Career Center to supply educational information to the company or agency paying for this program.

Student's Signature _____

METHOD OF PAYMENT

American Express Discover

MasterCard Visa Check Cash Voucher _____

Credit Card # _____ Exp. Date _____

Senior Citizen Discount

It is the policy of the Warren County Career Center to offer educational activities, programs, services and employment without regard to race, color, national origin, gender, religion, handicap or age. 11/07

FOR OFFICE USE ONLY

TUITION _____

BOOKS _____

FEES _____

RECEIPT # _____

DATE _____

INITIALS _____

COST CENTER _____

The Warren County Career Center maintains high standards and is proud to be accredited, affiliated and approved by the following professional associations:

ACT*



