

TRI-COUNTY TECHNICAL COLLEGE CONTINUING EDUCATION REGISTRATION

Name _____ Date _____
Last First Middle Month Day year

Address _____
Street or Route # City State zip Code

Date of Birth _____ SSN _____ - _____ - _____
Month Day Year

Home _____ Work _____
(Area Code) (Area Code)

E-Mail Address: _____

Cell _____ Fax _____
(Area Code) (Area Code)

Course _____ Times _____ Start Date _____ Fee \$ _____

Course _____ Times _____ Start Date _____ Fee \$ _____

Are you a Tri-County Technical College Graduate? Yes No
If so, what year did you graduate? _____

PAYMENT

Check Enclosed (Make Checks Payable to Tri-County Technical College)

Charge Card: Mastercard Visa Discover
Number _____ Exp. Date _____
Last three digits listed on the back of your credit card: _____
Authorized Signature _____

Bill Company: P.O. # _____
 Authorization to Bill _____
Company _____
Name _____
Title _____
Phone _____

How did you hear about this course? (Check all that apply.)

- Lifelong Learning Continuing Education Schedule Booklet
- Tri-County Technical College Website

Brochure/Mailing

Postcard/Mailing

Newspaper

Advertisement

Other

Questions? Contact conted@tctc.edu.