

Registration Form

*Customized Training &
Continuing Education
Opportunities*

To register by mail: send this registration form with payment to: SCTCC Customized Training 1215 15 th Street N St. Cloud, MN 56303	FAX: this completed form to 320-308-5568 We accept VISA, MasterCard or Discover	To register in person: Office hours: Monday-Friday: 7:30 a.m.- 4:00 p.m.
Date:		Gender: (Optional) Male ___ Female ___
Date of Birth:		
Race and ethnic background (Optional)	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White/Caucasian	
<u>Select all that apply:</u>		
Limited English Proficiency:	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(whose native language is a language other than English)</i>	
<u>Student Information:</u>	<u>Method of Payment:</u>	
First Name: _____ Last Name: _____ Address: _____ City, State, Zip: _____	<input type="checkbox"/> Third Party Billing (authorization letter attached) <input type="checkbox"/> Check Enclosed Check Number: _____ <input type="checkbox"/> Purchase Order Number: _____ <input type="checkbox"/> Credit Card – Do NOT list credit card information	
<u>Company Information:</u> (Use <u>only</u> if company is paying for the class)	If using a credit card, payment information must be provided over the phone: 320-308-0015	
Name: _____ Address: _____ Authorized Signature: _____	How did you hear about this class? Newspaper ___ Radio _____ Calendar ___ Flyer _____ Website ___ Friend _____ Employer ___ Wk Force Center _____	
<u>Home Phone:</u>	<u>Work Phone:</u>	
<u>Fax:</u>	<u>E-mail Required:</u>	
<u>Course Title:</u>	<u>Start Date:</u>	<u>Course Fee:</u>
Course Title:	Start Date:	Course Fee:
Class confirmation notice will be emailed	Parking Permits are distributed the 1 st class session	Driving Directions are located on our website www.sctcc.edu or contact our office at 320-308-0015

Refunds will be issued & granted if registration is cancelled 3 business days prior to the class start date. SCTCC is accredited by the Higher Learning Commission of the North Central Association of Colleges and Schools. SCTCC is a member of the MN State Colleges and Universities System. Affirmative Action/Equal Opportunity Educator and Employer. This document is available in alternative formats to individuals with disabilities by calling 1-800-222-1009 or by calling the Minnesota Relay Service at 1-800-627-3529.

Office Use Only: