

Registration Form

*Customized Training &
Continuing Education
Opportunities*

To register by mail , send registration form with payment to: SCTCC Customized Training 1215 15 th Street N St. Cloud, MN 56303	You can use VISA, MasterCard or Discover. FAX the completed form to 320-308-5568.	To register in person Office hours are: Monday-Friday, 7:30 a.m.- 4:00 p.m.
Date: _____	U.S. Citizen: YES _____ NO _____	Gender: (Optional) Male _____ Female _____
Date of Birth: _____		
Race and ethnic background (Optional) Select all that apply:	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	
Limited English Proficiency: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(whose native language is a language other than English)</i>		
Student Information <u>First Name:</u> _____ <u>Last Name:</u> _____ <u>Address:</u> _____ <u>City, State, Zip:</u> _____ <u>County:</u> _____	Method of Payment: <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"/> VISA, MasterCard, Discover Card Number: _____ Exp. Date: _____ Security Code: _____	
Company Information: (If class is being paid for by a company.) <u>Name:</u> _____ <u>Address:</u> _____ <u>Authorized Signature:</u> _____	Card Holder Signature _____ How did you hear about this class? Newspaper _____ Radio _____ Calendar _____ Flyer _____ Website _____ Friend _____ Employer _____ Wk Force Center _____	
Home Phone: _____	Work Phone: _____	
Fax: _____	E-mail Required: _____	
Course Title: _____	Start Date: _____	Course Fee: _____
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: