MASSASOIT COMMUNITY COLLEGE

Division of Corporate and Community Education

CORPORATE EDUCATION REGISTRATION FORM

Please print all information clearly.

Last Name _____ First Name _____ Full Middle Name _____ ***Date of Birth** _____

Home Street Address _____ City _____ State _____ Zip _____ Home/Cell Phone _____

Email _____ *Social Security # _____

Are you a U.S. Citizen? ❒ Yes ❒ No ***SS # and/or DOB Required***

Have you ever taken a course or training at Massasoit before? ❒ Yes ❒ No

☐ I authorize MCC to automatically register me into the corresponding Spring course at no additional cost.

Signature: _____

Race/Ethnicity (*Optional*)

Do you consider yourself to be Hispanic/Latino? ☐Yes ☐No

In addition, select one or more racial categories to describe yourself:

☐ American Indian/Alaskan ☐ Native Asian ☐ Black/African-American ☐ Cape Verdean

☐ Haitian Native ☐ Hawaiian/Pacific Islander ☐ White

☐ Male ☐ Female

☐ Veteran

Training Course: 15520 PDOE 707 C1, Electrical 3, Pt. 1

Date and Time: Mondays & Wednesdays, September 18 – December 20, 2017, 6:00 PM – 9:00 PM Cost : $1593.00

Company Name: _____ Work phone: _____

Company Address: _____

Street Address City State Zip

Refund Policy: *Withdrawals from a course must be received in writing at least 24 hours prior to the course for a 100% refund. No refunds after the 1st class meeting.*

Please check type of payment:

☐ Company will pay invoice for training.

Employer Authorization Signature

_____

☐ Check submitted.

☐ Please charge the following credit card:

☐ VISA ☐ MasterCard ☐ DISCOVER

CHARGE CARD AUTHORIZATION

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

ACCOUNT NUMBER

MONTH ☐☐ YEAR ☐☐

EXPIRATION DATE

Mail completed form to:

MASSASOIT COMMUNITY COLLEGE
Steven Litcoff, Associate Director
One Massasoit Blvd. Brockton, MA 02302-3996
T: 508.588.9100x1322

Fax/email form with credit card authorization to:

Fax #: 508-427-6532
Email: slitcoff@massasoit.mass.edu

_____ Name as it appears on card

_____ Cardholder's Signature

V10.11