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: 15542 PDOE 731 P2, Sheet Metal 3, Pt. 1

Date and Time: Tuesdays & Thursdays, September 19 – December 21, 2017, 6:00 PM – 9:00 PM Cost: $1818.00

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

Name as it appears on card

Cardholder's Signature

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

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