

REGISTRATION FORM

Edmonds Community College
 Business & Training Center
 9901 24TH PL W
 Everett, WA 98204

Phone: 425-640-1840
 Fax: 425-267-5749

QUARTER/YEAR 200__
 SUM FALL WIN SPR

Social Security Number:				-				-			
Student ID Number:				-				-			

Last Name: _____ **First Name:** _____ **Middle Initial:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____ **Birth Date:** ___/___/___

Daytime Phone: () **Evening Phone:** ()

Email: _____

ITEM #	TITLE OF CLASS	DATE	DAYS	TIME	LOC	COST

? METHOD OF PAYMENT ?	TOTAL AMOUNT DUE	\$	
VISA MasterCard PO# _____	CASH	CHECK# _____	

ACCOUNT #: _____ **EXPIRY DATE:** _____

NAME AS PRINTED ON CARD: _____

COMPANY NAME & ADDRESS: _____

<input type="checkbox"/> Student confirmation	<input type="checkbox"/> 48 Bus. Hr. cancel policy	<input type="checkbox"/> Directions
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NOTES:

REGIS DATE: _____ BY: _____ REGIS SYS: _____ BY: _____