

**To register for a Career Certification Program, call 330-729-4100**



## **REGISTRATION FORM**

**(Non-Career Certification Programs)**

**One person per registration form. Please duplicate for additional registrations.**

Social Security # (Required for tax forms): \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Course Code(s):	Course Fee:	Total Costs:
_____ - _____ - _____	\$ _____	Total Tuition: \$ _____
_____ - _____ - _____	\$ _____	Discount (if applicable): \$ _____
_____ - _____ - _____	\$ _____	Total Enclosed: \$ _____

**There is a \$15.00 Withdrawal Fee per class.**

**Method of Payment:**  Check  MasterCard  VISA  Purchase Order  
*(Make check or money order payable to MCCTC)*

**MasterCard and Visa Payments – Please complete the following:**

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

**MAIL registration form with payment to:**

Adult Career Center MCCTC  
7300 N. Palmyra Road  
Canfield, OH 44406-9710

or

**FAX registration form** with MasterCard, VISA, or Purchase Order to 330-729-4150