



# Computer Based Training

## REGISTRATION FORM

Date Attending: \_\_\_\_\_

Last Name (please print): \_\_\_\_\_

First Name (please print): \_\_\_\_\_

Social Security #: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Please indicate class or classes you would like to take (You can register for more than one class, however, all classes must be taken on the same day):

_____	_____
_____	_____
_____	_____

Method of payment (\$25.00 per person, per course)

- Cash
- Check (Made payable to Gloucester County College)
- Purchase Order# \_\_\_\_\_ (PO must accompany registration form)
- Credit Card information:     Visa     Master Card     Discover     American Express

Credit Card Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_

3 Digit Security Code: \_\_\_\_\_ (located on back of card)

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Card Holders Phone Number: \_\_\_\_\_

Billing Address of Card Holder: \_\_\_\_\_