



CONTINUING EDUCATION REGISTRATION FORM
 PO Box 309, Jamestown, NC 27282
 336-334-4822

IMPORTANT: Please print clearly, respond to all questions completely, and sign registration form. Incomplete or unsigned registration forms cannot be processed.

Course: _____
 Number(Code) Title Location Dates Fee

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How did you hear about this course?: _____

Social Security Number (Used for reporting purposes only.) _____

Name: _____
 Last First Middle

Address: _____
 Street, P.O. Box, Route City State Zip Code

County of Residence: _____ **Date of Birth:** _____

Email Address: _____ **Home/Cell Phone:** _____

Sex: _____ **Ethnicity:** _____ **Race:** _____

The highest education level that best describes you: _____

Employment: _____

Employer: _____ **Business Phone:** _____

Employer Address: _____

Payment Information

Total Fee: _____ **Total Payment:** _____

Select payment type: _____

**Make checks or money orders payable to GTCC.*

Cardholder's Name: _____ **Cardholder's Signature:** _____

Card Number: _____ **Exp. (MM/YY):** _____ **CSC Code:** _____

Note: No confirmation will be sent. You will be notified only if the class is full or canceled.

BY MY SIGNATURE, I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Student Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

Colleague ID Number: _____ **Term:** _____