REGISTRATION FORM

Community, Professional and Workforce Development

PLEASE - ONLY ONE	E STUDENT PER FORM. Thank Yo	ou!		
Name: ———	First	Middle	Last	
			e? If yes, please list any oth	-
SS#	D.	O.B	Legal Sex	
Address:				
City, State, Zip _				
Email address: red	quired - confirmations will be	sent via email		
Phone Number: _				
PAYMENT INFO	RMATION			
Check Vo	oucher/PO (attached)	uition Waiver	MasterCard VISA	Discover
Card #:			Exp. Date: _	
3# security code:	Cardhold	ler's name:		
COURSE INFORM	MATION			
Course Code	Course Name			Fee
Course Code	Course Name			Fee
Course Code	Course Name			Fee
Course Code	Course Name			Fee
				TOTAL: \$
HOW DID YOU R	RECEIVE OUR BROCHURE?			
	nity & Professional Education		Mail	
From a friend	ecation (store library etc.)		The college website	
Community to	cation (store, library, etc.)		Other:	
	TED REGISTRATION A	ND PAYMENT 1	0:	
•	nmunity College Office of	nmant		Hudson Walley
Community, Profes	ssional and Workforce Develo	pmem		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \



80 Vandenburgh Avenue, Troy, New York 12180