



Division of Corporate and Community Education

CORPORATE EDUCATION REGISTRATION FORM

Please print all information clearly.

Last Name First Name Full Middle Name *Date of Birth

Home Street Address City State Zip Home/Cell Phone

Email *Social Security #

Are you a U.S. Citizen? Yes No *SS # and/or DOB Required

Have you ever taken a course or training at Massasoit before? Yes No

Signature:

Race/Ethnicity (Optional) Do you consider yourself to be Hispanic/Latino? Male Female Veteran

Training Course: 16103 PDOE 459 C5 CDM Review

Date & Time: Fridays, October 5 to October 12, 2018, 1:00 PM to 5:00 PM Cost: \$149.00

Company Name: Work phone:

Company Address: Street Address City State Zip

Refund Policy: Withdrawals from a course must be received in writing at least 24 hours prior to the course for a 100% refund.

Please check type of payment:

- Company will pay invoice for training. Employer Authorization Signature
Check submitted.
Please charge the following credit card:



CHARGE CARD AUTHORIZATION ACCOUNT NUMBER

MONTH YEAR EXPIRATION DATE

Mail completed form to: MASSASOIT COMMUNITY COLLEGE Steven Litcoff, Associate Director One Massasoit Blvd. Brockton, MA 02302-3996 T: 508.588.9100x1322 Fax/email form with credit card authorization to: Fax #: 508-427-1250 Email: slitcoff@massasoit.mass.edu

Name as it appears on card

Cardholder's Signature