

CORPORATE EDUCATION REGISTRATION FORM

Brockton Campus
One Massasoit Boulevard
Brockton, MA 02302

Canton Campus
900 Randolph Street
Canton, MA 02021

Middleborough Center
49 Union Street
Middleborough, MA 02346

massasoit.edu
508-588-9100

1. STUDENT INFORMATION

Last Name _____ First Name _____ Middle Name _____

Home Address _____ City _____ State _____ Zip _____

Cell Phone _____ **Date of Birth - REQUIRED - (MM/DD/YYYY)** _____

Work Email Address _____

Have you taken a course or training at Massasoit Community College before? Yes No If yes, when? _____

Student Signature _____ Date _____

Gender Male Female

Please note that Massasoit is required by federal guidelines to report a student's legal gender.

Veteran Dependent of Veteran Member of Armed Forces

Please be advised that ceasing to attend a class DOES NOT constitute a withdrawal. Withdrawals from a course must be received in writing at least 24 hours prior to the start of the course for a 100% refund. No refunds after the 1st class meeting.

Do you consider yourself to be Hispanic/Latino? Yes No

Please select one or more of the following that best describes you:

- American Indian/Alaska Native Asian
 Black/African American Cape Verdean
 Haitian Native Hawaiian/Pacific Islander
 White/Caucasian

2. COURSE INFORMATION

| CRN | COURSE/SECTION | COURSE TITLE | DATE, TIME & LOCATION | COST |
|-----|----------------|--------------|-----------------------|------|
| | | | | |

3. EMPLOYER INFORMATION

Company Name _____

Company Address _____ City _____ State _____ Zip _____

Company Phone Number _____

4. PAYMENT INFORMATION

- Check Included
 Company will pay for training via invoice. *Copy of W9 required.*

Employer Authorization:

Name _____

Title _____

Signature _____

Completed forms may be submitted by mail, in-person, or by fax or email.

Mail to: One Massasoit Boulevard
Attn: Steven Litcoff, Corporate Education
Brockton, MA 02302

Fax: 508-427-1250

Email: slitcoff@massasoit.mass.edu