

CVCC CORPORATE AND CONTINUING EDUCATION REGISTRATION FORM

SOC. SEC. NUMBER: _____

NAME _____
LAST FIRST MID.

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____ COUNTY OF RESIDENCE: _____

THE FOLLOWING INFORMATION IS REQUIRED BY THE NC COMMUNITY COLLEGE SYSTEM

DATE OF BIRTH: _____ () Male () Female 65 YEARS OR OLDER: _____

RACE: () White () Black () Indian () Hispanic () Asian

TELEPHONE NO: _____ E-MAIL ADDRESS: _____

ENTER THE HIGHEST GRADE COMPLETED _____

OR () if passed high school equivalency (GED)
() if completed adult high school diploma

EMPLOYMENT: () Unemployed () Part-time () Full-time () Retired

EMPLOYER: _____ OCCUPATION: _____

BUSINESS PHONE: _____

SIGNATURE: _____ DATE: _____

CONTRACT NUMBER: _____ TUITION: _____ CPR CARDS: _____ LAB FEES: _____

TEXTBOOKS: _____ INS: _____ OTHER: _____ FOR: _____

CLASS TITLE: _____

BEGINNING DATE/ENDING DATE: _____

CLASS TIME: _____ CLASS DAY: _____ LOCATION/ROOM#: _____

FOR BUSINESS OFFICE USE ONLY					
Payment Rec. By: _____	Date: _____	Amount Paid: _____	Rec#: _____		
Waver Code: _____	<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Visa	<input type="checkbox"/> MC	<input type="checkbox"/> DI
Bill To: _____	_____	Credit Card #: _____			
ATTN: _____	_____	Exp. Date: _____			

Please make checks payable to: Catawba Valley Community College. Please mail to : CVCC Corp. & Cont. Ed. Office
2550 HWY 70 S. E., Hickory, NC., 28602-9699 or FAX to 828.322.5445
Visit our website at: www.cvcc.cc.nc.us