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Registration Form

Workshops fill quickly. Register now to reserve your seat!

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone: _____ Cell/Other Phone: _____

E-mail: _____ Fax: _____

Place of Employment: _____

E-mail: _____ Business Phone: _____

Date of Birth: _____ Sex: _____ Race: _____

Seminar Title: _____

Seminar Dates: _____

Method of Payment: (Please indicate one of the following)

Registration Fee: \$ _____ Enclosed: Cash/Check#: _____

Employer Invoicing Address: _____

Purchase Order Attached: PO#: _____

To pay with a credit card please call your respective location listed below.

All classes must be paid for in advance of the first class day. Personal Check, Cash, VISA, Master Card, Corporate Billing accepted. Enrollment determines whether a seminar can be offered. Refunds or exchanges for seminars are made if requested 24 hours (1 working day) before the first day of class. A full refund is made if the class is canceled by SRTC.

SRTC Moultrie
800 Veterans Parkway North
Moultrie, GA 31788
P: 229-217-4257
F: 229-891-7010

SRTC Tifton
52 Tech Drive
Tifton, GA 31794
P: 229-386-3169
F: 229-391-2526

SRTC Thomasville
15689 US Hwy 19 N.
Thomasville, GA 31792
P: 229-227-2579
F: 229-255-5289

Image Release Policy:

As an adult participant in this course or as the parent or guardian of a child participant (18 years or under), I understand that my image (name/quotations/photographs), or that of my child, may be used in all forms of media on behalf of SRTC or the Technical College System of Georgia and that no compensation will be received for this usage. It is my responsibility to notify the SRTC Continuing Education Office if I refuse such usage. By signing this course registration form, I give my consent to such usage on my own behalf or that of the child participant in my care.

Reasonable arrangements will be made for persons with disabilities, if requested in advance

Signature of Attendee