



Division of Corporate and Community Education

CORPORATE EDUCATION REGISTRATION FORM

Please print all information clearly.

Registration fields: Last Name, First Name, Full Middle Name, *Date of Birth

Registration fields: Home Street Address, City, State, Zip, Home/Cell Phone

Registration fields: Email, *Social Security #

Registration fields: Are you a U.S. Citizen?, *SS # and/or DOB Required

Registration fields: Have you ever taken a course or training at Massasoit before?

Registration fields: I authorize MCC to automatically register me into the corresponding Spring course at no additional cost. Signature: _____

Race/Ethnicity (Optional) section with checkboxes for various categories and gender.

Registration fields: Training Course: 15522 PDOE 723 C1, Sprinkler Fitting 3, Pt. 1

Registration fields: Date and Time: Mondays & Wednesdays, September 18 December 20, 2017, 6:00 PM – 9:00 PM Cost: \$1593.00

Registration fields: Company Name: Work phone:

Registration fields: 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. No refunds after the 1st class meeting.

Please check type of payment: Company will pay invoice for training. Employer Authorization Signature

Please check type of payment: Check submitted.

Please check type of payment: Please charge the following credit card:



CHARGE CARD AUTHORIZATION ACCOUNT NUMBER field

MONTH YEAR EXPIRATION DATE field

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 #: 508-427-6532 Email: slitcoff@massasoit.mass.edu

Name as it appears on card

Cardholder's Signature