

Company Registration Form

Please register the following individual for the following course:

Course Code: CEADM-500-18 Title: Administrative Professionals Conference

Course Start Date: 04.23.2025 Location: Brookland Conference Center Price:

Company Name: _____

Attendee: _____ SSN: _____ DOB: _____
 First MI Last

Email address for notifications: _____

Drivers License #: _____ State: _____ (Driver's license number and state required to verify lawful presence)

Home Address: _____
 Street City State Zip Code

Phone # for notifications: _____
 Day Night Cell

Special Needs and/or Dietary Restrictions: _____

Please list all. Attach separate sheets if necessary.

MORE ATTENDEES? If more than one will attend, please attach additional sheets with the information above.

PAYMENT METHOD (CHECK ONE)

Letter of Authorization to Bill on Company Letterhead (Attached or Enclosed). Amount \$ _____

Please include company's address, phone number, and point of contact information with the statement of authorization to bill.

Purchase Order (Attached or Enclosed) for \$ _____ PO # _____

Check Enclosed for \$ _____

Credit Card: Card Number: _____ Expiration: _____

Card Identification Number (3 digits on back of card): _____

A 2.5% credit card service fee will be applied to all credit and debit card transactions used to pay tuition and fees.

Name as listed on credit card: _____

Signature: _____

You may also register by phone at 803.732.0432.

Return completed form by mail, email, or fax to:

MTC Corporate and Continuing Education | PO Box 2408 | Columbia, SC 29202 | CCE@midlandstech.edu | Fax: 803.732.5255