

Registration Form

Please register the following individual for the following course:

Course Code: _____ Title: _____

Course Start Date: _____ Location: _____ 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