

## Company 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