

# BPCC CONTINUING EDUCATION REGISTRATION FORM

6220 East Texas, Bossier City, LA 71111

Phone: (318) 678-6015

Fax: (318) 678-6406

Last Name\* \_\_\_\_\_ First Name\* \_\_\_\_\_ MI\* \_\_\_\_\_ Date of Birth\* \_\_\_\_\_

Mailing Address\* \_\_\_\_\_ City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip\* \_\_\_\_\_

SS#\* \_\_\_\_\_ Email Address\* \_\_\_\_\_

Cell \_\_\_\_\_ Home Phone\* \_\_\_\_\_ Work Phone \_\_\_\_\_

Course Number	Course Title	Fee

Total Due \$ \_\_\_\_\_

**Refund Policy:** 90% refund if requested at least three days prior to first class meeting.  
Sorry, no refunds after the class begins.

**PAYMENT METHOD:**

Visa  MasterCard

Discover  American Express    **Account #** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_

Check # \_\_\_\_\_ *If paying by check, make check payable to BPCC.*

Signature\* \_\_\_\_\_

*\* Required Fields*