## CONTINUING EDUCATION REGISTRATION FORM

**USE THIS FORM TO REGISTER!**

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>MI</th>
<th>DOB</th>
<th>SSN</th>
<th>HOME PHONE</th>
<th>WORK PHONE</th>
<th>CELL PHONE</th>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
<th>GENDER</th>
<th>AGE</th>
<th>E-MAIL ADDRESS</th>
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### ETHNIC ORIGIN INFORMATION IS USED FOR FEDERAL & STATE REPORTING ONLY!

<table>
<thead>
<tr>
<th>ETHNIC ORIGIN</th>
<th>ARE YOU HISPANIC/LATINO?</th>
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<tbody>
<tr>
<td></td>
<td>YES ☐</td>
</tr>
<tr>
<td></td>
<td>NO ☐</td>
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</tbody>
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**IF NO, CHECK ONE OF THE FOLLOWING:**
- ○ WHITE
- ○ BLACK/AFRICAN AMERICAN
- ○ AMERICAN INDIAN/ALASKAN NATIVE
- ○ ASIAN
- ○ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
- ○ FOREIGN/NON-RESIDENT

### COURSE NUMBER | COURSE NAME | COURSE FEE
---|---|---
|     |     |     |

### CREDIT/DEBIT CARD INFORMATION

<table>
<thead>
<tr>
<th>CARD TYPE</th>
<th>CARD NUMBER</th>
<th>NAME ON CARD</th>
<th>EXP DATE</th>
<th>CVV#</th>
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### HOW DID YOU FIND OUT ABOUT THIS COURSE?

- ○ CONTINUING ED CATALOG
- ○ BPCC WEBSITE
- ○ EMPLOYER________________________
- ○ FRIEND
- ○ OTHER____________________________

### EMPLOYMENT STATUS:

- ○ FULL-TIME
- ○ PART-TIME
- ○ UNEMPLOYED
- ○ RETIRED

**MAKE CHECKS PAYABLE TO BPCC:**
- ○ CHECK ENCLOSED

### FOR OFFICE USE ONLY

- ○ CASH
- ○ CHECK #
- ○ CREDIT/DEBIT CARD
- ○ FAX
- ○ WALK IN
- ○ PHONE IN
- ○ MAIL
- ○ ONLINE

### REFUND POLICY:

90% REFUND IF REQUESTED AT LEAST 3 DAYS PRIOR TO FIRST CLASS MEETING. REFUNDS WILL NOT BE MADE AFTER THE CLASS BEGINS. PLEASE ALLOW 3 WEEKS FOR REFUND FOR CASH OR CHECK PAYMENTS. CREDIT CARD PAYMENTS WILL BE REFUNDED TO CREDIT CARD.