



Office of Community Education Registration Form

Fax : 478-274-7777 or email lgreen@heartofgatech.edu

Last Name First Name Middle Initial

Mailing Address City State Zip Code

County Last four digits Social Security Number

Email Address Date of Birth

Home Phone Work Phone

Race Gender

Class Title: _____ **Fee:** _____

Method of Payment

Cash ____ Check ____ Money Order ____ Visa ____ Master Card ____

Name—Exactly as it appears on credit card _____

Credit Card # _____ Exp. Date _____

Registration Information

Registration fees must be paid 5 business days prior to the first day of class to ensure class materials are in sufficient order for participants. Participants are not considered "registered" until fees are paid. Enrollment is limited in all classes; space will be filled on a first-paid; first served basis. To make payment, see the cashier Monday-Thursday from 8:00 am to 5:00 pm in the DuBose Porter Regional Business and Industry Training Center on the HGTC Dublin Campus. For more information please call 478-275-6592 or 1-800-200-4484.

Refund Information

Formal withdrawal prior to the first day of class will result in a 100% refund, unless the final date of withdrawal with a refund is otherwise publicized for the class. No refund will be made on or after the first day of class or after the publicized final date for a refund for a class. This refund policy applies to classroom setting classes only. If a class is cancelled due to low enrollment, a full refund will be issued.

I give permission for my likeness, voice, or comments to be used in any promotional item on behalf of Heart of Georgia Technical College or the Georgia Department of Technical and Adult Education.

Signature _____ Date _____

Equal Opportunity College

Registration is not complete until Receipt of Payment