



Office of Continuing Education Registration Form

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



Last Name First Name Middle Initial

Street Name City State Zip Code

County Social Security Number

Email Address Date of Birth

Home Phone Work Phone

Race Gender

Method of Payment

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

Name—Exactly as it appears on credit card _____

Credit Card # _____ Expiration Date _____

\$200.00 (Class & test) _____ \$60.00 (Test) _____ \$60.00 (Retest) _____

Registration Information

Registration fees must be paid 10 days prior to the first day of class to ensure that the participation is sufficient to run the course. Participants are not considered "registered" until the fee is paid. Enrollment is limited in all classes; space will be filled on a first-paid; first served basis. We reserve the right to cancel a class if there is low enrollment. To register, see the cashier Monday-Friday from 7:30 am to 6:30 pm in either the Regional Business and Industry Training Center or the W. R. Stewart Building. 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.

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 Institution

Registration is not complete until Receipt of Payment