

CONTINUING EDUCATION REGISTRATION FORM

LAST NAME	FIRST NAME	MI	DOB	SSN	HOME PHONE	WORK PHONE	CELL PHONE	
ADDRESS			CITY	STATE	ZIP	M/F	AGE	EMAIL
EMPLOYMENT STATUS	FULL-TIME	PART-TIME	UNEMPLOYED	RETIRED				

ETHNIC ORIGIN INFORMATION IS USED FOR FEDERAL & STATE REPORTING ONLY

ARE YOU HISPANIC/LATINO?	YES	NO					
IF NO, CHECK ONE OF THE FOLLOWING:	WHITE	ASIAN	BLACK/AFRICAN AMERICAN	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	AMERICAN INDIAN/ALASKAN NATIVE		

COURSE #	COURSE NAME	COURSE FEE
HOW DID YOU FIND OUT ABOUT THIS COURSE?	CONTINUING EDUCATION CATALOG	EMPLOYER _____ OTHER _____

CREDIT/DEBIT CARD INFORMATION

CARD TYPE	CARD #
NAME ON CARD	
EXPIRATION DATE	CVV #
MAKE CHECKS PAYABLE TO BPCC	CHECK ENCLOSED

FOR OFFICE USE ONLY

CASH	AMOUNT:			
CHECK #	AMOUNT:			
CREDIT/DEBIT CARD	AMOUNT:			
FAX	WALK-IN	PHONE	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.