



Continuing Education & Customized Training

Registration Form:

*Fax to: (952) 358-8240
Mail to: Continuing Education
9700 France Avenue S
Bloomington MN 55431*

OFFICE USE ONLY:	
<u>Date</u>	<u>Initials</u>
Reg. Intake:	
Reg. Input Lumens:	
Reg. Input ISRS:	
Tech ID in Lumens:	

NOTES:

Name _____ Date _____
 Home Address _____ Company Name _____
 City _____ State _____ Zip _____ Company Address _____
 Phone # () _____ City _____ State _____ Zip _____
 Email _____ Phone # _____
 Date of Birth ____/____/____ SS # _____ Student ID # (if known) _____

Course Title	Course ID #	Date(s)	Time	Cost	Year Term
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Total _____

Payment Options:

Cash, Check or money order (*made payable to Normandale Community College*) Check #: _____

Company/Employer will pay:

Company Name _____
 Company Address _____ City _____ State _____ Zip _____
 Billing contact person _____ Phone # () _____ P.O. # (if applicable) _____

Charge credit card MasterCard _____ VISA _____ Discover _____ **Last Four Digits** ____ _ _ _

Name on card _____ Expiration date _____

 Card number _____

