

REGISTRATION FORM (Make checks payable to NWTC)



E-Mail Address (used for sending confirmation)

Social Security Number	Last Name	First Name	Middle Initial

Street Address	City	State	Zip

Area Code	Home Phone	Legal County of Residence	City	Town	Village

Area Code	Work Phone	Name of Employer / Company	Date of Birth

Education: Name of High School	City	State	H.S. Year Graduated	Highest Grade Completed

**Required Government Statistical Information**

<input type="checkbox"/> 1. American Indian/ Alaskan Native	<input type="checkbox"/> 5. White, Not Hispanic
<input type="checkbox"/> 2. Asian	<input type="checkbox"/> 6. Native Hawaiian/ Other Pacific Islander
<input type="checkbox"/> 3. Black, Not Hispanic	<input type="checkbox"/> 7. No Response
<input type="checkbox"/> 4. Hispanic	

**Check One**

U.S. Citizen

Immigrant

Nonimmigrant

**Check One**

Male

Female

**Cancellation Policy**  
**Must be completed prior to class start date. Departments will remain responsible for payment if not withdrawn before the class start date.**

Class Title	Start Date	Fee

Please enter how you would like your name to appear on your certificate of completion:

Shirt Size:

Check one

Small  Medium  Large  X-Large  XX-Large

**BILLING INFORMATION**

Name of Department Sponsoring Student

Address (City, State, ZIP)

Contact Person

*This authorizes NWTC to submit a bill for payment, for all specified fees related to the training and education of the student listed above. Out-of-state residents may be responsible for additional fees.  
 Note: Credit Card Payment refunds will be sent in the form of a check.*

**Credit Card Payment**

Card Holder Name:

					Expiration

Please complete this registration and mail, fax, or e-mail to:  
 Northeast Wisconsin Technical College  
 Attn: Angie Blasier  
 PO Box 19042

Green Bay, WI 54307-9042  
 Fax: 920-498-5673  
 E-Mail: [angela.blasier@nwtc.edu](mailto:angela.blasier@nwtc.edu)