

REGISTRATION FORM (Make checks payable to NWTC)

[Empty registration box]

E-Mail Address of the Attendee (used for sending confirmation)

[Social Security Number field]

Social Security Number

[Last Name, First Name, Middle Initial fields]

Last Name

First Name

Middle Initial

[Street Address field]

Street Address

City

State

Zip

[Area Code field]

Area Code

[Home Phone field]

Home Phone

[Legal County of Residence field]

Legal County of Residence

[City, Town, Village fields]

City

Town

Village

[Area Code field]

Area Code

[Work Phone field]

Work Phone

[Name of Employer / Company field]

Name of Employer / Company

[Date of Birth field]

Date of Birth

[Education: Name of High School field]

Education: Name of High School

[City field]

City

[State field]

State

[H.S. Year field]

H.S. Year  
Graduated

[Highest Grade Completed field]

Highest Grade Completed

**Required Government Statistical Information**

1. American Indian/  
Alaskan Native

2. Asian

3. Black, Not  
Hispanic

4. Hispanic

5. White, Not  
Hispanic

6. Native Hawaiian/  
Other Pacific Islander

7.No Response

**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 Departments will remain responsible for payment if not withdrawn before the class start date.**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 field]

Class Title

[Start Date field]

Start Date

[Fee field]

Fee

**BILLING INFORMATION**

[Name of Department Sponsoring Student field]

Name of Department Sponsoring Student

[Address (City, State, ZIP) field]

Address (City, State, ZIP)

[Contact Person field]

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.*

**Credit Card Payment**

Card Holder Name:

[Card Holder Name field]

[Expiration field]

[Expiration field]

[Expiration field]

[Expiration field]

Expiration

[Expiration field]

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