

REGISTRATION FORM (Make checks payable to NWTC)

E-Mail Address of the Attendee (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

- 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 Departments will remain responsible for payment if not withdrawn before the class start date.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

Start Date

Fee

REQUIRED 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.

Enrollment/Billing Questions, contact Michele Petska

michele.petska@nwtc.edu

Phone: (920) 498-6976

Fax: (920)498-5673