

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 Departments will remain responsible for payment if not withdrawn before the class start date.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
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 Phone: (920) 498-6976
 Fax: (920) 498-5673