Continuing Education Spring 2016 Registration Form

Last Name
Address
City State Zip
Home Telephone # Emergency/Cell #
Company Name
e-mail Address

First Name

Date of Birth mm/dd/year

School Name (College For Kids, SAT, Regents)

Business Tel. #

Job Title/Function

How did you learn about Kingsborough Community College?

Course Number Day Time

Course Name Tuition

*One-time non-refundable fee per semester.

Payment Method

[ ] Money Order [ ] Check [ ] Credit Card [ ] Visa [ ] MasterCard [ ] Discover

Credit Card Account # ____________________________
Expiration Date / / Security Code # _________

Name on Card ____________________________ License Plate # ____________

Please check [ ] one of the following boxes: I am...

[ ] Hispanic [ ] American Indian or Alaskan Native [ ] African-American

[ ] White, non-Hispanic [ ] Black, non-Hispanic [ ] Asian or Pacific Islander

[ ] Multi-Racial [ ] Race unknown

Please mail this form to: Continuing Education - Room M-233
Kingsborough Community College
2001 Oriental Boulevard, Box C
Brooklyn, New York 11235-2333

Additional materials fee: $ ____________________________
Registration fee*: $ ____________________________
Parking permit+ (Tax incl.): $ ____________________________
Total: $ ____________________________

Money Order Check Visa MasterCard Discover

Credit Card Account # ____________________________
Expiration Date / / Security Code # _________

Name on Card ____________________________ License Plate # ____________

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