WORKFORCE DEVELOPMENT AND COMMUNITY EDUCATION

COURSE REGISTRATION FORM

Registration for non-credit courses is continuous throughout the year and is accepted on a first come, first served basis. Please complete this form and register using one of the four convenient methods.

Date ____________________  Student ID # ____________________  Birth date ____________________

Name (last, first, middle initial) ________________________________________________________

Address ____________________  City ____________________  State ___  Zip ________

Phone (day) ____________________  (evening) ____________________

Email address ______________________________________________________

Would you like to receive information regarding courses via email?  □ Yes  □ No

FOUR EASY WAYS TO REGISTER

TELEPHONE  FAX  IN PERSON  MAIL

857-1400  857-1450  Terry Campus  Delaware Tech

Corporate Training  Center – Room 405  100 Campus Drive

Terry Campus  Dover, DE 19904  Dover, DE 19904

THREE EASY WAYS TO PAY

Source of payment  □ Self  □ Employer  □ Other ____________________

□ Check payable to DTCC  Check # __________  Bank ____________________

□ Cash (In person only)

Credit Card  □ VISA  □ Discover  □ MasterCard

Card # ____________________  Verification code ________  Exp date __________

Name as it appears on credit card ______________________________________________________

Billing address if different from above:

Address ____________________  City ____________________  State ___  Zip ________

Authorized Signature ____________________

NOTE: The information requested below is optional and will be used for statistical purposes only.

Ethnic origin:

□ African-American  □ Caucasian

□ Hispanic/Latino  □ Asian/Pacific Islander

□ Native American/Alaskan  □ Other

For internal use only

Rec’d by  □ Mail  □ In person  □ Fax  □ Phone

Employee processing form ____________________

Rev 12/14