

REGISTRATION FORM

BMCC CONTINUING EDUCATION REGISTRATION FORM

Name (Last): _____ First: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Business Telephone: _____

E-mail: _____ Sex: Male Female

Is this your first time attending Adult and Continuing Ed. at BMCC? Yes No

100% refund will be made to any registrant who submits a request in writing to the Office of Continuing Education two (2) business days before the first session of the class; 50% refund two (2) business days before the second session of the class.

There will be no refund thereafter. No registration fee when you register online. Please allow 4-6 weeks for processing.

COURSE TITLE	START DATE	TUITION
1) _____	_____	\$ _____
2) _____	_____	\$ _____
3) _____	_____	\$ _____
4) _____	_____	\$ _____
	Registration Fee	\$ 15.00
	Total Payment	\$ _____

Payment Method

Cash

Check/Money Order Payable to: Borough of Manhattan Community College (Check #: _____)

Master Card Visa Discover

Voucher (#: _____)

Credit Card #: _____ Expiration Date: Month _____ Year _____

Cardholder Name: _____

Signature: _____ Date: ____/____/____

Mail to: Continuing Education Registration, 199 Chambers Street, New York, NY 10007, or Fax to: 212-346-8455

Staff Use Only:

Staff Name: _____ Date: ____/____/____

Completion Stamp: _____