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|  | Cisco CollegeWorkforce & Economic DevelopmentRegistration Form717 E. Industrial Blvd.Abilene, Texas 79602 |

**Personal Information**

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| Last Name: | First Name: | Middle Initial: | Preferred Name: |
| Mailing Address: | City: | State: | Zip: | County: |
| Telephone: | Cell Phone: | Email: |
| Social Security Number: | Driver’s License: | Birthday: | Gender: |
| Citizenship:□ United States□ Other | Ethnic Origin:□ African-America □ Asian □ Alaskan Native □ Hispanic/Latino □ American Indian/Alaskan Native □ Other |
| Emergency Contact:Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Course # (CE) | Course Name | Location | Fee (s) |
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 Total Contact Hours \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Fees \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment is due at the time of registration. Make checks payable to Cisco College. A 100% refund is given if the college must cancel the class. **Refund Policy**: I understand that no refund will be made on or after the day of the beginning of class.

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_