

# Normandale community college

Fax to: (952) 487-8240  
 Mail to: Continuing Education  
 9700 France Avenue S  
 Bloomington MN 55431

## Registration Form: Continuing Education

Name \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone # ( ) \_\_\_\_\_  
 Email \_\_\_\_\_  
 Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ SS # \_\_\_\_\_

<b>OFFICE USE ONLY:</b> Initials person taking registration: _____ Registration Intake Date: _____ Initials of ISRS input person: _____ ISRS Input Date: _____
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<b>NOTES:</b>    
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Date \_\_\_\_\_  
 Company Name \_\_\_\_\_  
 Company Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone # \_\_\_\_\_  
 Student ID # (if known) \_\_\_\_\_

Course Title	Course ID #	Date(s)	Time	Cost	Year Term:
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Total: \_\_\_\_\_

### Payment Options:

Cash, Check or money order (made payable to Normandale Community College) Check #: \_\_\_\_\_

**Company/Employer will pay:** Company Name \_\_\_\_\_

Company Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Billing contact person \_\_\_\_\_ Phone # ( ) \_\_\_\_\_ P.O. # (if applicable) \_\_\_\_\_

**Charge credit card** MasterCard \_\_\_\_\_ VISA \_\_\_\_\_ Discover \_\_\_\_\_ **Last Four Digits** \_\_\_\_ \_ \_ \_

Name on card \_\_\_\_\_ Expiration date \_\_\_\_\_

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 Card number \_\_\_\_\_

