

REGISTRATION FORM

TELL US ABOUT YOU

Date: _____

Name: _____
Last First Birth, Maiden, or Other Last NameDate of Birth: ____/____/____ Male FemaleCurrent Address: _____
Street City State Zip CountyTelephone: _____
Daytime Evening Cell

Social Security #: _____ Email Address: _____

PROGRAM YOU ARE INTERESTED IN

Course Title: _____ Day Evening

Class Start Date: _____

Have you ever taken a class at Southeast Tech before?: Yes No If yes, Student ID #: _____

How did you hear about this program?: _____

WHERE YOU WORK

Employed By: _____ Supervisor: _____

Company Address: _____
Street City State Zip County

Phone: _____

Is your company paying your tuition?: Yes No

PAYMENT

 Check Credit Card

Credit Card #: _____ Card Type: _____

Expiration Date: _____

Name on Card: _____

To be completed by Southeast Tech

Class Fee: _____ Paid: _____ Promo Code: _____

Registration Policy: Registration and payment for all classes are required not less than 7 days prior to the course start date. If registration or payment is received after this deadline, the availability of course materials cannot be guaranteed. We reserve the right to cancel or reschedule classes.

Refund Policy: Refunds will be generated automatically if Training Solutions Institute cancels a class. To withdraw from a class, please call 605.367.7619. Full refunds for course withdrawals will be issued when made 7 days prior to the course start day. For withdrawals done less than 7 days to the start day, a \$25.00 cancellation fee will be applied. No refunds will be made for withdrawals on or after a course start date.