Part-Time Registration Form Only

Please circle one: **Health Professions** **Trade/Industry**
Day Care **Other**

Name:_____

Social Security #_____ - _____ - _____
Required for registration

Address:_____

City:_____ State:_____

Zip:_____ Phone Number:_____

Last School Attended:_____

Part-Time Course Name: Course Date: Fee:

_____ _____ _____

_____ _____ _____

Total Payment Enclosed: $_____

Method of Payment: ❑ Cash/Check ❑ Mastercard ❑ Visa ❑ Money Order

Mastercard and VISA please complete the following:

Card Number:_____

Expiration Date:_____

Cardholder's Name:_____

Cardholder's Signature:_____

MAIL TO:
CHOFFIN CTC/ADULT EDUCATION
200 E. Wood St., Youngstown, OH 44503

Program Designed and Printed at
Choffin CTC Graphic Arts Dept.