

Use this form for Mail and Fax Registrations

Continuing Education Registration Form

YES, I would like to register for the following course(s):

Title _____ Course # _____

Title _____ Course # _____

Title _____ Course # _____

Title _____ Course # _____

Student Information:

Name _____

Social Security # _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Work Phone _____ Home Phone _____ Cell Phone _____

E-mail address _____

Payment information:

I'm paying by: Check MasterCard Visa Total Enclosed _____

Credit Card # _____ Expiration Date _____

Cardholder Name _____

Signature _____

MAIL OR FAX this form with payment to SCC

Mail to: SCC Continuing Education
PO Box 180
West Burlington, IA 52655-0180

Fax to: 319-752-3407

