



Renaissance Training Services Enrollment Form

Name: _____

Address: _____

City _____ State _____ Zip _____

Phone: _____

Cell/Work: _____

Email: _____

High School Diploma GED Associate's Degree Bachelor's Degree

Name of School: _____ Year Graduated _____

Class/Classes Enrolled In:

Bookkeeping (AR & AP) (M-F)

ITA Code: 00821-001

Start Date: **October 16th, 2017**

End Date: **November 6th, 2017**

Time: 10:00AM – 2:00PM
 4:00PM – 8:00 PM

Location: 1935 W Silver Spring Dr, Unit 3
Milwaukee, WI 53209
414-368-3160

Instructor: Kisha Matthews

Method of Payment: Cash Check Credit Card Financial Assistance/Voucher

If class/classes will be paid for by Voucher, please provide information requested below.

Agency: _____

Worker: _____

Email: _____

Phone: _____

(Student Signature)

Date: _____