

Continuing Education Registration Form

Date: _____

Name _____

Address _____

City/State/Zip _____

Home phone _____ Work phone _____

E-mail address: _____

Best phone for class cancellations or updates.

Phone: _____ Alt. Phone: _____

Emergency Contact & Number: _____

Course Title: _____

Course Amount Enclosed: _____

Please make check or money order payable to CCCC. DO NOT SEND CASH.

Students are enrolled in the class when payment is received.

You may also register online at

www.clarionadulthood.org

Read & Retain This Refund Policy:

- **100% if cancelled 24 hours before the course begins**
- **No refund issued after the course begins**
- **No refund for "No-Call/No-Show" students, regardless of the reason**

I have read and understand the refund policy of the Clarion County Career Center Continuing Education program.

Please sign: _____

Please tell us how you heard about this course: _____

Send completed registration form to:
Continuing Education
447 Career Lane, Shippenville, PA 16254

For Office Use Only:

Application Received by: _____ Date Received: _____

Pd in full

Partial Payment: _____

Cash

Check #: _____