

**College of Lake County  
Business & Industry Services' Computer Training Institute  
REGISTRATION FORM**

REGISTRATIONS WILL NOT BE ACCEPTED WITHOUT METHOD OF PAYMENT.

➤ **Required Information** must be completed.

➤ Name \_\_\_\_\_  
 \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 \_\_\_\_\_  
 ➤ Home Address \_\_\_\_\_  
 \_\_\_\_\_  
 ➤ City/State/Zip \_\_\_\_\_  
 \_\_\_\_\_  
 ➤ Home Phone \_\_\_\_\_  
 \_\_\_\_\_

Company Name \_\_\_\_\_  
 \_\_\_\_\_  
 Work Address \_\_\_\_\_  
 \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 \_\_\_\_\_  
 E-mail Address \_\_\_\_\_  
 \_\_\_\_\_

How did you hear about these seminars?

<input type="checkbox"/> CLC Course Schedule	<input type="checkbox"/> Newspaper
<input type="checkbox"/> Southlake Brochure	<input type="checkbox"/> Referral from a friend
<input type="checkbox"/> Chamber of Commerce Newsletter	<input type="checkbox"/> I called the College to inquire
<input type="checkbox"/> The Library	<input type="checkbox"/> Other _____

COURSE TITLE	DATE OF CLASS	COURSE FEE
<b>Total Due:</b>		

**CHECK METHOD OF PAYMENT:**

CHECK IS ENCLOSED (MAKE PAYABLE TO "THE COLLEGE OF LAKE COUNTY") (MAIL TO ADDRESS BELOW)

PLEASE SEND AN INVOICE TO MY ORGANIZATION AT THE COMPANY ADDRESS SHOWN ABOVE

CHARGE TO:     VISA     MASTERCARD     DISCOVER     AMER. EXPRESS

*Payments will be cashed/ billed/ charged the **DAY BEFORE** the date of the course.*

Account Number \_\_\_\_\_      Expiration Date \_\_\_\_\_  
 Signature \_\_\_\_\_      Date \_\_\_\_\_

**COLLEGE OF LAKE COUNTY REFUND POLICY**

Cancellations or reschedules for all classes must be made **five full business days** before the date of the class. After this date, **NO** refunds will be made.

If the College, due to low enrollment, cancels a course, a full refund will be made.

**I HAVE READ AND FULLY UNDERSTAND THE POLICY.**

Signature \_\_\_\_\_      Date \_\_\_\_\_