

Noncredit Registration

PLEASE REGISTER ME FOR:

1.	_____	_____
	Course number	Fee

	Course title	
2.	_____	_____
	Course number	Fee

	Course title	
3.	_____	_____
	Course number	Fee

	Course title	
4.	_____	_____
	Course number	Fee

	Course title	
5.	_____	_____
	Course number	Fee

	Course title	
6.	_____	_____
	Course number	Fee

	Course title	
TOTAL		\$ _____

PERSONAL INFORMATION

Name (last)		(first)	(initial)																					

Address (street)																								

City/State/Zip																								

Email address		Social Security or Parkland ID number																						
_____		_____																						
Mobile phone		Home phone																						
_____		_____																						
Work phone																								

Birthdate																								

Amount of check enclosed (payable to Parkland College)		Amount charged to credit card	Exp. date																					
\$ _____		\$ _____	_____																					
Card Number: <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard			3-digit code on back of credit card																					
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OPTIONAL:																								
Employer																								

Title																								

Industry																								

VOLUNTARY INFORMATION

(for state reporting purposes only)

GENDER:

☐ Male ☐ Female

ETHNIC DESCRIPTION:

☐ Hispanic
☐ Non-Hispanic/Latino

For Non-Hispanics only:

☐ American Indian or Alaskan Native
☐ Asian
☐ Black or African-American
☐ Native Hawaiian or Other Pacific Islander
☐ White/Caucasian
☐ Non-Resident Alien

How did you hear about the program?

☐ 505 schedule
☐ Business Training booklet
☐ Online
☐ Other

YOUR SIGNATURE IS REQUIRED

I certify that the above statements are correct and complete.

SIGNATURE _____

DATE _____

Mail completed and signed form with payment to:

Mail Registration
 Business Training &
 Community Education
 1315 N. Mattis Ave.
 Champaign, IL 61821-1818
 FAX: 217/351-5928