

<input type="checkbox"/>	Night
<input type="checkbox"/>	Day
<input type="checkbox"/>	Saturday



Northeastern Technical College
Continuing Education
1201 Chesterfield HWY
Cheraw, South Carolina 29520

Date: _____

Location: _____

Complete the application below and return it along with your payment via U.S. Mail to: Division of Continuing Education, Northeastern Technical College, P.O. Drawer 1007, Cheraw, S.C. 29520 to brhynes@netc.edu or deptricek@netc.edu; or call 843-921-6924, 843-921-6925 or 800-021-7399 for more information. **NOTE: You are not registered for class until payment has been received.**

Social Security Number			Name of Course or Seminar		Start Date
Last Name			First Name	Maiden Name	Middle
Mailing Address			City	State	Zip

Home Telephone: _____ Work Telephone: _____ Birthdate (MM/DD/YY) _____ / _____ / _____
 E-Mail: _____ Cell Phone: _____

Race:	<input type="checkbox"/> AN	American/Alaskan Native	<input type="checkbox"/> BL	Black/African Amer	<input type="checkbox"/> HP	Hawaiian/Pacific Islander
Check One	<input type="checkbox"/> AS	Asian	<input type="checkbox"/> HIS	Hispanic/Latino	<input type="checkbox"/> WH	White/ Non Hispanic

Check One:
 Male Female

Company Billing Address: _____ or Credit Card Name: _____
 Tuition: _____ Credit Card Number: _____
 Books: _____ Expiration Date: _____
 Other (please specify): _____ Authorized Signature for Billing Purposes: _____

Visa Master Card
 Discover American Express

Circle One: **United States Citizen/ Legal Resident** DL or LRC # _____ Signature: _____

Office Use Only Below Dotted Line

Course Title: _____ Prefix/ Number/ Section: _____ / _____ / _____

	1	Fall	3	Summer
Term: 20	2	Spring		

Tuition \$	Books \$	Category:	62	64	65
Other \$	Assessed by		72	74	81

Paid by: Card _____	Check _____
Cash _____	Chg Co _____

Amount Received	\$	_____	Received by	_____
Balance	\$	_____		(Business Office)

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