

<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, 1201 Chesterfield HWY, Cheraw, S.C. 29520; Via email to brhynes@netc.edu or depricek@netc.edu; or call 843-921-6924, 843-921-6925 or 800-921-7399 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 Initial
Mailing Address			City			State	Zip	

Home Telephone: _____ Work Telephone: _____ Birthdate (MM/DD/YY) ____/____/____

E-Mail: _____ Cell Phone: _____

Check One:

Male Female

Race:	AN	American/Alaskan Native	BL	Black/African Amer	HP	Hawaiian/Pacific Islander
Check One	AS	Asian	HIS	Hispanic/Latino	WH	White/ Non Hispanic

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 82

Paid by: Card _____ Check _____

Cash _____ Chg Co _____

Amount Received \$ _____ Received by _____

Balance \$ _____ (Business Office Initial)