

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



Northeastern Technical College
Continuing Education
P.O. Drawer 1007
Cheraw, South Carolina 29520

Location: _____

Complete the application below and return it along with you payment via U.S.Mail to: Division of Continuing Education, Northeastern Technical College, P.O. Drawer 1007, Cheraw, S.C. 29520; Via email to schapman@netc.edu, brhynes@netc.edu, or dpetrick@netc.edu; or call 843-921-6924, 843-921-6923 or 800-921-7399 for more information. **Note-You are not considered registered for class until payment has been received!**

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

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

Check One:

Sex:	<input type="checkbox"/> M	<input type="checkbox"/>	Race:	<input type="checkbox"/> 1 Non-Resident Alein	<input type="checkbox"/> 3 Am./Alaskan Indian	<input type="checkbox"/> 5 Hispanic	<input type="checkbox"/> 7 Unknown
	<input type="checkbox"/> F	<input type="checkbox"/>		<input type="checkbox"/> 2 Black/ Africian Am.	<input type="checkbox"/> 4 Asian/Pacific Island	<input type="checkbox"/> 6 White/ Non Hispanic	<input type="checkbox"/>

Date: _____ Student Signature _____ Classes Begin _____

Company Billing Address: _____ or Credit Card Name: _____
 _____ Credit Card Number: _____
 _____ Expiration Date: _____

Tuition	<input type="checkbox"/>	Visa	<input type="checkbox"/>	Master Card
Books	<input type="checkbox"/>			
Other (please specify)	<input type="checkbox"/>			

Authorizing Signature for Billing Purposes Business &/or Industry Only: _____

----- Office Use Only Below Dotted Line -----

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

Term: 20	<input type="checkbox"/> 1 Fall	<input type="checkbox"/> 3 Summer	Tuition \$ _____	Books \$ _____	Category: 06200	<input type="checkbox"/>	06500	<input type="checkbox"/>
	<input type="checkbox"/> 2 Spring	<input type="checkbox"/>	Other \$ _____	Assessed by _____	07200	<input type="checkbox"/>	08200	<input type="checkbox"/>

Paid by: Card _____ Cash _____	Amount Received \$ _____	Received by _____
Cash _____ Chg Co _____	Balance \$ _____	(Business Office Initial)