



# CLASS REGISTRATION FORM

**INSTRUCTIONS:** Use this form to register in person, by mail or FAX. Payment is due at the time of registration, in the form of credit card or check made out to "Miller College". Do not send cash. If registering by mail, please return the form, along with payment to the address below. If registering by FAX, payment is due by credit card. To make a credit card payment, complete the information and authorization on the bottom of this form. A refund will be granted if (1) workshop is canceled; (2) notification of non-attendance is received at least 24 business hours prior the workshop.

**Please print the following information.**

NAME Last	First	MI
TITLE		DATE OF BIRTH

NAME OF ORGANIZATION			
ADDRESS OF ORGANIZATION	Street Number/Name	City	State Zip Code

OFFICE PHONE NUMBER	EMAIL ADDRESS
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**Enter your course selections.**

WORKSHOP DESCRIPTION	DATE
1.	
2.	

The information on this form has been provided by me and is true and complete to the best of my knowledge. I agree to provide proof of any information if it is requested.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

CREDIT CARD INFORMATION / AUTHORIZATION	
If you wish to charge your course fees, please complete the following information.	
Amount you wish to charge \$ _____	Please specify card type _____
Card Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Expiration Date _____
Cardholder's name (please print) _____	
Cardholder's signature _____	



450 North Avenue  
Battle Creek, MI 49017

ph: 269.660.8021  
fax: 269.565.2180

[www.millercollege.edu](http://www.millercollege.edu)

FOR OFFICE USE ONLY				
TOTAL FEES	CASH	CHECK	TO BE BILLED	AUTHORIZED BY