Mott Community College - Continuing Education
1401 East Court Street, CM 1117, Flint MI 48503-2039
Telephone (810) 762-0390 • Fax (810) 762-5534

HEALTHCARE PROGRAM REGISTRATION FORM

Today's Date _____/_____/_____

Name:_____ **Social Security #:** _____/_____/_____
Please Print

Address:_____ **City:**_____ **Zip:**_____

Home Phone: _____ **Work Phone:** _____

E-Mail: _____ **Date of Birth** _____/_____/_____

Special Needs (Interpreter, ect…) _____

Section Code	Course Name	Start Date	Time	Tuition
Total				**$**
Total Combined Cost				

Company Name:_____

Company Address:_____

Method of Payment: Cash: _____ Check: _____ Money Order: _____ P.O. #: _____

Credit Card: Visa _____ MasterCard _____ Discover _____ American Express_____

Card Number: _____/_____/_____/_____ Expiration Date: _____/_____

Cardholder's Name if different then registrant: _____ _____