Continuing Education
3300 Macon Tech Drive
Macon, GA 31206

CENTRAL GEORGIA TECHNICAL COLLEGE

PHONE: (478) 757-3445
FAX: (478) 757-3538
www.centralgatech.edu

Registration Form

Social Security Number _____ Last Name _____ First Name _____

Mailing Address _____ City _____ State _____ Zip _____ County _____

Birth Date _____ Phone _____ Email Address _____

Company _____ Address _____ Phone _____

Course Title: _____ Work Related?

Beginning Date _____ Ending Date_____ YES or NO

Class Fee:_____

Check one in each of the following groups:

Sex: ___Male ___Female

Race: __American Indian __Asian __Black __Hispanic __White __Other

Registration is not complete without payment. Early registration is encouraged to ensure adequate enrollment and space availability. Please mail payment to above address or deliver it to the H Building Room 150.

Payment Method: ☐ Cash ☐ Check ☐ Visa ☐ MasterCard

_____
Name on Card

_____
Credit Card Number Exp Date

Signature:_____

REFUND POLICY: Each course is carefully monitored to ensure sufficient enrollment to cover the costs of instruction and materials. Should low enrollment occur, cancellation decisions are generally made 48 hours prior to the first class. A refund will be given if notice is provided at least 24 hours prior to the first class. Please allow 30 days for refunds to be processed. Failure to attend does not constitute formal withdrawal and you will be held liable for the class.