



## Registration Form

Registration Date:	
Registered by:	

FOR OFFICE USE ONLY

Regist	tered by:
Invoice #:	Roster:
Payments Appl	 lied in QB/Roster:

State: Zip:	
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	Total: \$



## **Email/Mail to:**

East Central College Attn: Community Education 1964 Prairie Dell Road • Union, MO 63084 ce@eastcentral.edu



By Phone:

Phone: 636.649.5803



East Central College Business & Industry Center 42 Prairie Dell Plaza Drive • Union, MO 63084

## Refund/Withdrawal Policy

Nama: