Center for Continuing Education

Hagerstown Community College
11400 Robinwood Drive
Hagerstown, Maryland 21742-6590

Phone: 301-790-2800, Ext. 236
Fax: 301-582-4001
E-mail: learn@hagerstowncc.edu

Fax Transmittal Form

TO: Registration

Name: Continuing Education

Organization Name/Dept.: _____

Phone Number: _____

Fax Number: 301-582-4001

Date Sent: _____ Time Sent: _____

FROM:

Name: _____

Organization Name/Dept.: _____

Phone Number: _____

Fax Number: _____

Number of pages (including cover page): _____

FOUR EASY WAYS TO REGISTER!

FAX your registration form with credit card info to: 301-582-4001

-OR-

MAIL your registration form and payment to: Center for Continuing Education, Hagerstown Community College, 11400 Robinwood Drive, Hagerstown MD 21742-6590

-OR-

PHONE 301-790-2800, ext. 236; please have credit card information available. You will be mailed a pre-paid postcard to sign and return to the college

-OR-

IN PERSON visit HCC's Valley Mall Training Center located across from the Valley Mall Management Office near the rear entrance of JC Penney or visit HCC's Main Campus, Administration Building

Walk-in registrations will be processed before mail-in, faxed, and phone-in registrations. RS:cm 11/05/04

11400 Robinwood Drive ▪ Hagerstown, Maryland 21742-6590
301-790-2800, extension 236 ▪ Fax: 301-582-4001 ▪ learn@hagerstowncc.edu

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Registration Form

Each student must use a separate registration form. Please send completed registration form and payment to the College. (Payment, invoice, or purchase order must accompany this registration.) ***This form may be duplicated.***

To avoid delay, please complete all information requested.

Social Security # _____ Birthdate (mo/day/yr) _____ Senior Citizen (60 and over) ❑ Yes ❑ No

❒ Mr. ❒ Ms. ❒ Mrs. ❒ Other _____

Last Name _____ First _____ MI _____ Maiden/Former _____

Home Address _____

City _____ State _____ Zip Code _____ County _____

Phone: Home _____ Work _____ E-mail Address _____

Course #	Course Title	Begin Date	Tuition	Tech/ Lab Fee	Total
				Total Fee	

The Refund Policy is published in the current issue of the HCC Continuing Education Non-Credit Schedule.

I certify that the information on this form is correct.

Signature _____ Date _____

Revised 2-04

Employer's Name _____

Title _____

Street Address _____

City _____

State _____ Zip Code _____

Type of Business _____

For Credit Card Use Only:

❑ Discover ❑ MasterCard ❑ Visa

Account No. _____

CVV2/CID 3-digit Number: _____
(Found in the Authorized Signature block on the back of your card.)

Expiration Date _____

Signature _____

Date _____

Race: Please check one
- ❑ 1. Black, Non-Hispanic
- ❑ 2. American Indian or Alaskan Native
- ❑ 3. Asian or Pacific Islander
- ❑ 4. Hispanic
- ❑ 5. White, Non-Hispanic
- ❑ 6. Other

Degree Status: Please check one
- ❑ 1. Less than high school
- ❑ 2. High school/GED
- ❑ 3. Associates degree
- ❑ 4. Bachelors degree
- ❑ 5. Masters degree
- ❑ 6. Doctorate

Required by US Office of Education for statistical purposes only.