

## STUDENT INFORMATION

First Name	Middle Initial	Last Name		
			Birth Date	____ - ____ - ____
Address		City	State	Zip Code
Primary Phone	Secondary Phone	Email		

## REGISTRATION INFORMATION

Class Title	Section	Class Fee	+	Supply Fee (if applicable)	=	Total Fees
Class Title	Section	Class Fee	+	Supply Fee (if applicable)	=	Total Fees
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Class Title	Section	Class Fee	+	Supply Fee (if applicable)	=	Total Fees
Total Registration Fees						

## PAYMENT OPTIONS

Enclosed is my CHECK or MONEY ORDER # \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ made payable to LCSC.

Charge my  VISA  MASTERCARD  DISCOVER  AMERICAN EXPRESS

Account Number _____	Exp. Date _____/_____/_____	V-Code last three digits on signature strip _____
Name as shown on card _____	Signature _____	

**REGISTER ONLINE or WITH OUR OFFICE- TODAY**  
see page 29 for information on where to submit your registration:

- ONLINE    
  FAX    
  MAIL    
  PHONE    
  IN PERSON

*Visit [www.lcsc.edu/ce](http://www.lcsc.edu/ce) for more information and additional registration forms.*

### *Refund Policy*

*With our no-risk registration, you can sign up with the knowledge that if you are not satisfied with the quality of your learning experience with us, we will happily issue your choice of a refund, transfer to another class, or credit voucher.*

*If you need to cancel your registration before the first meeting of your class, we understand. You may cancel by phone, e-mail or faxing a completed cancellation form available online at [www.lcsc.edu/ce](http://www.lcsc.edu/ce). If our office is not contacted of your cancellation 24 hours prior to the first class, a \$15 administrative fee may be deducted from your refund. Your birth date is required to process a refund.*

<b>Office Use Only</b>			
Date Received _____	Deposit _____	Registered _____	Other _____