

STUDENT INFORMATION

First Name _____ Middle Initial _____ Last Name _____

Birth Date _____-_____-_____

Address _____ City _____ State _____ Zip Code _____

Primary Phone _____ Secondary Phone _____ Email _____

REGISTRATION INFORMATION

Class Title _____ Sec./Date _____ Class Fee + Supply Fee (if applicable) = Total Fees _____

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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 37 for information on where to submit your registration:

ONLINE

FAX

MAIL

PHONE

IN PERSON

Visit 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. 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.

Office Use Only

Date Received _____ Deposit _____ Registered _____ Other _____