

# REGISTRATION FORM

Complete, detach and return to: Stark State College of Technology, Division of Corporate and Community Services, 6200 Frank Ave. N.W., North Canton, Ohio 44720; or fax to 330-494-5280.

S.S. No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Today's date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Home address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ County \_\_\_\_\_

Business name \_\_\_\_\_

Business address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ County \_\_\_\_\_

Date of birth \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

E-mail address \_\_\_\_\_

CRN	Course Title

## PLEASE CHECK THE TYPE OF PAYMENT

(Continuing education and non-credit students are not required to pay the \$35 application fee required for credit students.)

Make checks payable to:  
Stark State College of Technology

**Note: No refunds will be given after class begins.**

Invoice Company - P.O. No. \_\_\_\_\_

Check (enclosed) - Check No. \_\_\_\_\_

Money Order (enclosed)  Debit Card

VISA  MasterCard  Discover

Total \$ \_\_\_\_\_

Debit/Credit Card No. \_\_\_\_\_

Expiration Date \_\_\_\_\_

\_\_\_\_\_  
Name on card

Card billing address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

\_\_\_\_\_  
Signature (required for debit/credit card payment)

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