



REGISTRATION FORM

Company: _____

Class Title: _____

Participant Names: 1. _____

2. _____

3. _____

Contact Name: _____

Phone #: _____

Email: _____

Address: _____

Payment By: Check enclosed Company purchase order Credit card

_____	Purchase order number
_____	PO amount or amount to be charged to credit card
_____	Card type (Visa, Discover, Master Card)
_____	Card holder's name
_____	Credit card number
_____	Expiration date

To register, complete and mail registration form along with payment to:

Northwest Mississippi Community College

Workforce Development Center

4975 Highway 51 North

Senatobia, MS 38654

Attn: Tim Chavez

or fax to: (662) 562-3951

or email as an attachment to: tchavez@northwestms.edu

For more information call: Tim Chavez (662) 562-3367 or visit www.northwestms.edu.

Program registration will be accepted until the listed deadline OR until all seats have been filled (whichever comes first).