

**Continuing Education and Workforce Development
Registration Form**

Last Name	First Name	MI	SSN	
Mailing Address				
City	State	Zip	County	
Phone (day)	Phone (evening)		Email	
Course	Date	Time	Tuition	
Payment Method Credit Card (circle type)		Visa	MC	AMEX
#		Exp	V-Code	
Signature				

You are not registered for class until fees are paid.

Register by FAX:

Print and complete the Registration form and **FAX to 843-525-8362**. Please include all credit card information.

If mailing, ensure your registration arrives at least one week prior to start of class to ensure receipt.