

**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 (Circle Payment Method)			
Check			
Credit Card (circle type)	Visa	MC	AMEX
#	Exp	V-Code	
Signature			

You are not registered for class until fees are paid.

Register by mail:

Print and complete the Registration form and **MAIL** with all credit card information **or** check made payable to:

**TCL-CEWD
PO Box 1288
Beaufort, SC 29901**

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