Bergen Community College Division of Continuing Education, Corporate and Public Sector Training Registration Form (Please print clearly)

Student 1	ID No.:						
Last Name:			First Name:				
Home Ac	ldress:						
City:			_ State:		Zip:		
Home/Co	ell Phone #:		Work Phone #:				
E-mail A	ddress (Requ	iired):					
characterist	ics. Your respon	oth State and Federal Go se is voluntary, but will is information does not a	help us to imple	ement our affirm			
☐ Male	☐ Female	DOB:		(Required)			
How did you ☐ Friends/ ☐ Employ	Relative/		Catalog Other		□ Agency		
☐ Black/A☐ America	describes you: African America an Indian/Alask	ın 🗆 H	ispanic/Latino aucasian		or Pacific Islande	r	
Course #	Section #	Course Tit	le	Start Date	Day/s (Cir	Day/s (Circle) Cost	
					MTWTHF	S SU	
					MTWTHF	S SU	
					MTWTHF	S SU	
					M T W TH F	S SU	
					M T W TH F	M T W TH F S SU	
					TOTAL		
	AMEX/DISCO	OVER #: Security Cod	e:				
Signature: Date:							
		As name appears on ca					
REFUND POLICY: To receive a full refund, a			Please make checks payable to:			FOR OFFICE USE	
student must withdraw 5 business days before a			BERGEN COMMUNITY COLLEGE			Rec:	
class begins. NO REFUNDS WILL BE GIVEN			and mail with completed registration form to:				
THEREAFTER. ALL REFUND REQESTS MUST			Bergen Community College			Ent:	
BE IN WRITING. Refunds take 4-6 weeks to			400 Paramus Road, TEC-115, Paramus, NJ 07652			Date:	
process and mail.			400 Paramus R	oad, TEC-115, P	aramus, NJ 07652	Date:	
process and		take 4-6 weeks to		oad, TEC-115, P 7488 Fax: 201-		Date: Notes:	

NO CONFIRMATION WILL BE SENT. GO TO THE FIRST SCHEDULED CLASS, UNLESS OTHERWISE

NOTIFIED. WWW.BERGEN,EDU/CONTINUINGED