Florence-Darlington Technical College

Continuing Education Registration Form

PLEASE PRINT

Social Security No. _____ Date: _____

❑ Mr. ❑ Mrs. ❑ Ms.

_____
Last First MI

Address _____

City _____ State _____ Zip _____ County _____

Home Phone _____ Business Phone _____

Are you Hispanic or Latino? ❑ Yes ❑ No Race _____ Gender: ❑ Male ❑ Female

DOB _____ E-Mail Address: _____

Title of Course: _____ Starting Date: _____

COLLEGE USE ONLY

Credit Card #: _____

Exp. Date: _____

❑ Cash
❑ Charge
❑ Check
❑ Billing

REC'D BY: _____

INVOICE #: _____

DATA ENTRY: _____