

WALLACE COMMUNITY COLLEGE CONTINUING EDUCATION

Social Security No. Last Name First Name Initial

Mailing Address street city state zip

Home Phone: _____ Wk Phone: _____ Male ___ Female ___ Race _____ Birth date _____

Course Name & Number Course Fee

Documentation & Payment Principals; 2011 Update CEU #914-001 \$45.00

Payment Method: Check (payable to Wallace College) Visa/MasterCard Cash

Visa/MasterCard Account No. Expiration Date Cardholder Name

TODAY'S DATE: _____

For Office Use Only: Admit: _____ Register _____ Process _____

Wallace Community College affords equal opportunity to all employees and applicants for admission or employment regardless of race, gender, religion, national origin, age, or disability.

FORM MAY BE DUPLICATED

Enclose check, money order, or credit card information and mail to:

**WALLACE COLLEGE -CEWD
Attn: Connie Shepherd
5565 MONTGOMERY HWY
DOTHAN, AL 36303**

Or register by fax or phone using MasterCard or Visa

Call 334- 556-2205

Or

Complete this page and FAX to:

334-984-2132

No registrations made without payment.

Thank you.