



USE THIS FORM TO REGISTER FOR COURSES

Birth Date (month/day/year) \_\_\_\_\_

Student/Trainee Name \_\_\_\_\_ SS# \_\_\_\_\_  
(AS INDICATED ON STATE DRIVER'S LICENSE) LAST FIRST MIDDLE

Home Address \_\_\_\_\_  
City State Zip

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

PLEASE FILL OUT IF APPROPRIATE

Company/Organization \_\_\_\_\_

Bus. Address \_\_\_\_\_  
City State Zip

Bus. Phone \_\_\_\_\_ Fax ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

COURSE SELECTIONS

Course Name	Course Date(s)	Course Fee
Example: Flipping Real Estate 101	October 21	\$249
Total Amount Due		

PAYMENT INFORMATION

Who will be responsible for payment of this course?     Company Pay     Self Pay

Check    Check Number: \_\_\_\_\_

Checks can be mailed to: Oakland Community College  
2900 Featherstone Road – M-TEC Building, Auburn Hills, MI 48326

Purchase Order Number: \_\_\_\_\_

Credit Card:     Visa     MasterCard     Discover Card    Card Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Credit Cardholder Name: \_\_\_\_\_  
(Please Print name as it appears on the Credit Card)

Authorized Signature: \_\_\_\_\_  
*Total Amount Due will be charged against this authorization*

FOR OFFICE USE ONLY: AR Code \_\_\_\_\_ AR TYPE \_\_\_\_\_ INVOICE NUMBER \_\_\_\_\_  
 SPONSOR \_\_\_\_\_ NC PROGRAM CODE \_\_\_\_\_

Please Fax this Form to (248) 232-4190