

REGISTRATION FORM

Make check payable to:
QUEENS COLLEGE CONTINUING EDUCATION PROGRAM
 65-30 Kissena Blvd., Flushing, NY 11367 - Telephone (718) 997-5704

Staff I.D.: _____

Date: _____

Name: Last _____ First _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Phone: Home (____) _____-_____ Business (____) _____-_____

Male _____ Female _____ Have you taken courses with us before? ___Yes ___No

For Children's Program only: Parent's Name(s) _____

Student's School _____

| Course # | Section | Course Title | Tuition |
|----------|---------|---|---------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | Certificate application* or Materials Fee(if appropriate): | |
| | | \$20 registration fee (unless otherwise noted: | |
| | | Total Enclosed: | |

CERTIFICATE PROGRAM STUDENTS:

Are you enrolling in a Certificate Program?

____Yes ____No

Which Program?

 (If yes, and enrolling in the Paralegal Program, a completed application must accompany this form.)

Are you currently taking courses in the program stated above?

____Yes ____No

Are required courses completed?

____Yes ____No

Required courses must precede electives.

* \$20 application fee (Paralegal \$35)

[] Check/Money Order Enclosed

[] Charge to: [] MasterCard [] Visa [] Discover

Account Number _____

Cardholder _____ Expiration Date _____

Signature _____

PLEASE INDICATE HOW YOU HEARD ABOUT THE CONTINUING EDUCATION PROGRAM BY PLACING A CHECK NEXT TO THE APPROPRIATE SOURCE(S).

INTERNET

NEWSPAPER ADVERTISEMENT

NAME OF NEWSPAPER: _____

ADDITIONAL SOURCES

CATALOG

CONTINUING EDUCATION PROGRAM MAILING

FRIEND OR FAMILY MEMBER

I HAVE PREVIOUSLY ENROLLED IN THE
CONTINUING EDUCATION PROGRAM

QUEENS CHAMBER OF COMMERCE

OTHER (PLEASE SPECIFY) _____

THANK YOU FOR YOUR COOPERATION.