

Workforce Development & SC Environmental Training Center REGISTRATION FORM

4 ways to register:

Mail: Central Carolina Technical College Workforce Development: 506 N. Guignard Dr., Sumter, 29150

Hand Deliver: CCTC's AMTTC at 853 Broad St., Sumter

Name:										
Course Name:			Course Date:				Course Cost:			
Online: Yes	No	Short School Leve	l (Choose One):	Α	В	С	D	E (Wa	iter & Was	tewater Only)
Date of Birth: _	(Req	(Required) Last 4 Digits of Social S			ecurity:(Requested)			Gender: Male		Female
US Citizen:	Yes N	o Ethnicity:	African American	,	Americar	n Indian	Asia	in l	Hispanic	White
Address:(Street)			(City)		((State)		(Zip)		
Work Phone:		Cell Ph	Cell Phone: Service Prov				ider Name:			
I authorize CCT	C to text n	ne about registratio	on, billing or schedu	ıling i:	ssues.	Yes	No Tex	t messa	ige rates	may apply.
Company Name	e:			_ Ema	nil:					
PAYMENT INFO CHECK (Pay		· -	nnical College)		CREDIT (CARD (Ch	oose On	e) '	∕ISA	MC AE
the terms outline only, and is valid	d above. Th for one tim	nis payment authoriza e use only. I certify th	hereby au ation is for the trainin nat I am an authorized saction corresponds t	g/serv l user o	ices descr of this cre	ibed aboved it card a	e, for the nd that I	e amoun	t indicate	d above
Registrations can administrative fee	celed befor e. There wil I, email, in	e the cutoff date, ten I be no refund for a c person, or by telepho	all courses, seminars, a (10) working days be cancellation less than one. These requests a	efore tl ten (10 re the	he schedu)) working responsib	led training days price of the original of the original of the of the original o	ng, will be or to the s e registra	e assesse start dat nt.	ed a 20% e. Refund	_
		-	ilable upon request.							
Name on Card:			Cre	dit Ca	rd #:					
Card Billing Add	lress:				c	ard Exp.:		_ Secur	ity Code:	

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