

REGISTRATION FORM



FAX
(701) 231-6905

PHONE
(701) 231-6900
8:00 am – 5:00 pm

EMAIL
info@trainfargo.com

WEBSITE
www.trainfargo.com

MAIL
Skills & Technology
Training Center
1305 19th Ave. N.
Fargo, ND 58102

CANCELLATIONS. Cancellations received up to 5 days before the classes are refundable. After that, cancellations are subject to the entire class fee or will be applied as class credit that can be used within 90 days, unless prior arrangements have been made. If you don't cancel and don't attend you are responsible for full payment of the class.

YOUR TUITION IS TAX DEDUCTIBLE. All expenses of Continuing Education (including travel, meals and lodging) taken to maintain and improve professional skills are tax deductible according to Treasury Regulation 1.162-5 Coughlin vs. Commissioner, 203 F2d 307.

- * Notice - A minimum number of participants are required for classes. If this minimum is not met, classes are subject to cancellation.
- * **IF YOU HAVE A DISABILITY FOR WHICH YOU ARE OR MAY BE REQUESTING AN ACCOMMODATION, YOU ARE ENCOURAGED TO CONTACT BOTH THE SKILLS & TECHNOLOGY TRAINING CENTER AND THE DISABILITY SUPPORT SERVICES (DSS) OFFICE AT THE NORTH DAKOTA STATE COLLEGE OF SCIENCE, (701) 671-2623, OR TOLL FREE 1-800-342-4325 EXT. 32623, AS EARLY AS POSSIBLE.**

PLEASE PRINT OR TYPE:

TODAY'S DATE _____

MR.

MS. _____

NAME

TITLE

(Please list additional names, & titles on separate sheet and attach)

SOCIAL SECURITY # _____ START DATE OF CLASS: _____

CLASS TITLE: _____ COST OF CLASS _____

To better serve the community with workforce training, we must provide social security numbers when reporting to Job Service for Workforce Investment Act dollars. Your social security number will not be given out to any other agency or person(s).

MR.

MS. _____

APPROVING SUPERVISOR

TITLE

COMPANY _____

MAILING ADDRESS _____

CITY, STATE, ZIP _____

PHONE: _____ FAX: _____

EMAIL: _____

PAYMENT INFORMATION (Payment required before start of class)

CHECK: NUMBER _____ AMOUNT _____

CHARGE TO: VISA MASTERCARD DISCOVER CARD NUMBER _____

EXPIRATION _____

SIGNATURE _____

INVOICE COMPANY, ATTENTION: _____

- If you are interested in receiving our calendar, please check here.

How did you hear about us? E-mail Newspaper Fax Referral Catalog Website