

REGISTRATION FORM

SAN JUAN COLLEGE
Business & Industry Training Center



Phone Walk-In Email Fax Website

San Juan College
Student Registration #:

Today's Date:

HOW TO REGISTER

1. Call: (505) 566-3501
2. FAX: (505) 566-3520
3. Mail: Business & Industry Training Center
San Juan College
5101 College Blvd.
Farmington, NM 87402
4. Website: www.training-ctr.com

SATISFACTION GUARANTEED

Your complete satisfaction is important to us. If you are not 100% satisfied with the course, The Training Center will provide you with full credit toward another course.

REFUND/CANCELLATION POLICY

The Training Center reserves the right to cancel or reschedule any course that does not meet the minimum enrollment. In this event, we will apply tuition toward the same class at a date of mutual convenience, or refund the fee. If a course cancels, we will make every attempt to notify you. Notice of cancellation will be posted on site.

Participants can cancel training registrations up to 3 business days prior to the start date of the course. Training cancellations received less than 3 business days from the start date of the course will not be refunded. You may substitute one participant for another without penalty. In fairness to all attendees, registered participants who do not attend their scheduled course are liable for the entire fee. **All cancellations must be made in writing.**

Student Agreement

I have read and agree to the Business & Industry Training Center's Refund/Cancellation policy.

Signature: _____

Date: _____

For Office Use Only: CPE CT

First Name _____ Last Name _____ New
 Returning

Social Security Number _____ Date of Birth _____

Sex Male Female Ethnicity _____ Highest Education Completed: _____

Current Home Address _____ Current Work Address _____

Street _____ Apt # _____ Company _____ Title _____

City _____ State _____ Zip _____ Street _____

Phone # _____ City _____ State _____ Zip _____

E-mail _____ Phone # _____ Ext. _____

Cellular # _____ E-mail _____

Preferred Phone: Home Work Cellular Preferred Address: Home Work

How Did You Hear About Our Courses?

- Brochure/Flyer E-mail Daily Times Bus. Journal
 Family/Friend Work Website Catalog
 Referral: _____ Other: _____

Course Information

Course Title _____

Start Date _____ End Date _____ Course Fee _____

Course Title _____

Start Date _____ End Date _____ Course Fee _____

Method of Payment

Approving Manager _____ Title _____ Phone # _____

Employer Pay Check #: _____
Please make check payable to San Juan College.

Cash: \$ _____ SJC Account: _____
Applicable to San Juan College employees.

P.O. #: _____ Funding Agency: _____

VISA MC Discover Agency Rep.: _____

Credit Card # _____ Exp. Date _____

Name/Company _____ Date: _____

TOTAL _____ BALANCE _____ Payment Received by: _____

W= Administrative Assistant

Y= Account Technician

P= Customer