

ID#	SECTION NUMBER	RECEIPT #	
<h2 style="margin: 0;">CONTINUING EDUCATION REGISTRATION</h2>		One registration form per course (this form may be copied). Please print clearly. All items with * are mandatory.	
*Name (Last, First, MI): _____			
Social Security Number: _____		*Home Phone: _____	
*Street Address: _____		Cell Phone: _____	
*City: _____	*State: _____ *Zip: _____	Work Phone: _____	
Email: _____		*Birthdate: _____	
*Course Title: _____		Place of Employment: _____	
Starting Date: _____	Time: _____	Fee: _____	
<i>2nd choice if 1st choice is full:</i>			
Course Title _____		The following information is required by the Coordinating Board of the Texas College and University System:	
Starting Date: _____	Time: _____		Fee: _____
			<input type="checkbox"/> Male <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Female <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian <input type="checkbox"/> Other
<input type="checkbox"/> 15% Senior Discount (60 years or over check here) <b>Discount does not apply to First Aid, CPR, or ACLS classes</b>			
<b>Make check payable to Texarkana College and send with this form to: Texarkana College Continuing Education Division, 2500 N. Robison Rd., Texarkana, TX 75599. I authorize Texarkana College to use my name, statements and likeness, without charge, for promotional purposes in college publications, advertising, video, web, new media, or other formats.</b>			
Signature: _____			

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