



Continuing Education Registration Form

PLEASE PRINT

Office Use Only

First Name _____ MI _____ Last Name _____ Social Security # or Nicolet Student ID # _____

Home Mailing Address _____ City _____ State _____ Zip _____

Phone: Home _____ Phone: Cell Work County of Residence _____ Municipality of Residence (Township/Village/City) _____ Date of Birth _____/_____/_____

Gender: Male Female Email Address: _____ High school district where you currently reside: _____

THE FOLLOWING INFORMATION IS FOR STATE REPORTING PURPOSES. INFORMATION PROVIDED WILL NOT INFLUENCE COURSE ADMISSION.

Ethnicity: Are you Hispanic or Latino (regardless of race)? Yes No

Race: (Check all that apply) American Indian or Alaska Native Asian Black or African American Native Hawaiian or other Pacific Islander White

Highest Educational Grade Completed: _____ Year of High School Graduation/GED/HSED: _____

Highest Credential Earned: No Credential GED HSED HS Diploma Some College Short-Term Diploma 1-Year Diploma 2-Year Diploma Associate Degree Associate Degree + Additional Credential Baccalaureate More than Baccalaureate

<input checked="" type="checkbox"/>	Class Title/Catalog Number	Section Number	Dates	Day(s)	Time	Location	Fee/Sr. Fee*
	Professional Development for Municipalities	3188	8/12/16	Friday	9 am-2 pm	RHIN: NC207	\$45 (\$25.45)

Please check which breakout session you plan to attend:
 _____ Utilizing Excel to Manage and Calculate Sale Tax _____ Transcendent Technologies

FEES ARE DUE WITH REGISTRATION *Senior Fee applies to students age 62 and over for Continuing Education classes only	TOTAL FEES
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PAYMENT METHOD: Check/Money Order (Payable to Nicolet College) Master Card Visa Discover

MAIL TO:
 Nicolet College
 Attn: Welcome Center
 PO Box 518
 Rhinelander, WI 54501

Card Account Number: _____ - _____ - _____ - _____
 Expiration Date: ____/____/____
 Verification Code: _____ - _____ (from signature line on back of credit card)
 Cardholder Signature: _____

If participant is under age 18, please sign below. Must be signed by parent or legal guardian.

I give permission for my son/daughter to enroll in the above class(es) at Nicolet College.

 Signature Date