



Register for Continuing Education classes by fax, mail, or email . Please complete and return this form to:

Fax: 206 527 3729
 Mail: Continuing Education
 9600 College Way North
 Seattle WA 98103
 Email: conted@sccd.ctc.edu

Name _____
Last First

Birthdate _____

Address _____
Street City State Zip

Phone _____
Day Evening

Email _____ Student I.D. # _____
No I.D. number? One will be assigned.

Item #	Class	Time	Start/End Dates	

Payment Method (circle one) <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> AmEx <input type="checkbox"/> Personal check payable to North Seattle Community College	Credit Card Information Name on card _____ Account # _____ Expiration date _____ V-Code _____	Parking 21.25 Total _____
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*Parking permit required for North Seattle Community College campus only. (No fee on weekends.)

You will NOT be contacted prior to the start of the class unless you have ordered parking.