

Workforce Training Programs REGISTRATION FORM

*Last Name: _____ *First Name: _____ Middle Initial: _____

*Home Address: _____ *City/State/Zip: _____

*Date of Birth: _____ *Email address: _____

*Phone: _____ Home Cell Work

Gender: Male Female Other

Are you Hispanic or Latino? Yes No Race/Ethnic Group: American/Alaska Native Asian
Black/African American White
Hawaiian/Pacific Islander

***Required**

Course ID	Course Title	Date Start	Course Fee
Registration total:			

Cancellation Policy: If any offering is canceled by McHenry County College, registrants will be notified by phone and/or email and tuition will be fully refunded. A course registration canceled by participant or company one business day in advance is subject to a full refund or the tuition can be applied to enrollment in another class. Failure by a participant or company to cancel a registration one business day in advance of the date of the offering will necessitate full payment of tuition and fees.

****Payment is due with registration, unless company - sponsored course**

Credit Card Number: _____ Exp. Date: _____ Security Code: _____

Cardholder Name: _____

Cardholder Address: _____ City/State/Zip: _____

For company-sponsored courses, fully complete the top and bottom portion of this form

This is a company- sponsored course. The company agrees to pay for all tuition, fees, and books for the above employee/course(s). Invoices are emailed on a monthly basis upon completion of course(s) to the listed Contact and are to be paid within thirty days of invoice receipt. (unless using credit card as indicated above).

Company Name: _____ Date: _____

Company Contact Name: _____ Contact Phone: _____

Company Address: _____ City/State Zip: _____

Contact Email: _____

CALL
(815) 455-8588 or
(815) 455-8593 to charge
your registration



FAX the completed form
with your credit card/sponsor
information to: (815) 578-9682



QUESTIONS?
Email or call MCC
Workforce Training
shahcenter@mchenry.edu
(815) 455-8593

