

**BAINBRIDGE COLLEGE
DIVISION OF CONTINUING EDUCATION
Registration Form**

Title of Course: _____

Course Dates: _____

Company/Employer (if applicable): _____

Name: _____

Address: _____

City, State & Zip: _____ County: _____

Home Phone: _____ Work Phone: _____

E-mail: _____

License No. (If applicable): _____

How did you find out about the course? Newspaper Schedule

Flyer Friend Other _____

Course Fee: _____ Cash Credit Card Check #: _____

Credit Card: MC VISA Discover AM EX

Credit Card #: _____ Ex Date: _____ CVS: _____

Name on Credit Card: _____

Street # Billed to: _____ Zip Code: _____

Payments/Registration form should be mailed to: 2500 E. Shotwell St., Bainbridge, GA 39819.
Checks should be made out to Bainbridge College.