

# REGISTRATION FORM

Make check payable to:  
**QUEENS COLLEGE CONTINUING EDUCATION PROGRAM**  
 65-30 Kissena Blvd., Flushing, NY 11367 - Telephone (718) 997-5700

Staff I.D.: \_\_\_\_\_

Date: \_\_\_\_\_

Name: Last \_\_\_\_\_ First \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Phone: Home (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ Business (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Have you taken courses with us before? \_\_\_Yes \_\_\_No

For Children's Program only: Parent's Name(s) \_\_\_\_\_

Student's School \_\_\_\_\_

### CERTIFICATE PROGRAM STUDENTS:

Are you enrolling in a Certificate Program?

\_\_\_\_Yes \_\_\_\_No

Which Program?

\_\_\_\_\_  
 (If yes, and enrolling in the Paralegal Program, a completed application must accompany this form.)

Are you currently taking courses in the program stated above?

\_\_\_\_Yes \_\_\_\_No

Are required courses completed?

\_\_\_\_Yes \_\_\_\_No

Required courses must precede electives.

Course #	Section	Course Title	Tuition
		Certificate application* or Materials Fee( if appropriate):	
		<b>\$20 registration fee (unless otherwise noted:</b>	
		Total Enclosed:	

\* \$10 application fee (Paralegal \$25)

[ ] Check/Money Order Enclosed

[ ] Charge to:      [ ] MasterCard    [ ] Visa            [ ] Discover

Account Number \_\_\_\_\_

Cardholder \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

PLEASE INDICATE HOW YOU HEARD ABOUT THE CONTINUING EDUCATION PROGRAM BY PLACING A CHECK NEXT TO THE APPROPRIATE SOURCE(S).

INTERNET

NEWSPAPER ADVERTISEMENT

NAME OF NEWSPAPER: \_\_\_\_\_

\_\_\_\_\_

ADDITIONAL SOURCES

CATALOG

CONTINUING EDUCATION PROGRAM MAILING

FRIEND OR FAMILY MEMBER

I HAVE PREVIOUSLY ENROLLED IN THE  
CONTINUING EDUCATION PROGRAM

QUEENS CHAMBER OF COMMERCE

OTHER (PLEASE SPECIFY) \_\_\_\_\_

\_\_\_\_\_

THANK YOU FOR YOUR COOPERATION.