Mail Receipt? Y or N
Date Sent: _____
Via Email: _____
Via Classroom: _____

Banner ID
@_____

Date Entered:_____

Continuing Education Non-Credit Registration Form

www.edison.edu/charlotte/ce

Today's Date:

Last Name:		
First Name:		
Mailing Address:		
City:		
State:		
Zip Code:		
Professional License #:		
Birth Date:	**Gender:** ☐ Male ☐ Female	
Contact Phone #:		
Email Address:		
Race: ☐ Caucasian (non-Hispanic)	☐ Black or African American (non-Hispanic)	☐ Hispanic
☐ American Indian/Alaskan	☐ Asian or Pacific Islander	☐ Other
Residency Statement: I qualify as a Florida resident ☐ Yes ☐ No		
Where did you learn of this course? ☐ Edison Website ☐ Newspaper – Which One?_____ ☐ Current Edison Student ☐ Word of Mouth ☐ Postal Mail ☐ Email ☐ Other		

Course Title	Date	CRN	Campus/Room	Fee*
			Total =	

*** Course Fees are subject to change without notice**

Payment Options *DO NOT SEND CASH IN MAIL*

☐ Check enclosed / Check # (make check payable to Edison State College)

☐ Visa ☐ MasterCard ☐ AMEX ☐ Discover / Credit Card #:

Expiration date: CCV (3-digit # on back of card):

Name As It Appears On Card:

Please mail your completed form with payment to:

Rita Donaldson
Continuing Education
Edison State College
Building E – Room 117
26300 Airport Road
Punta Gorda, FL 33950

You may also **fax** your completed form with credit card info to:

941-637-3503
Or **email** it to: **charlottece@edison.edu**

For questions or more information, please call 941-637-5669.

I have been given and have read the flier for this class and understand the Refund Policy

Signature:

Refund Policy: Requests for refund **one week** prior to the first class meeting will be granted. If you have a Higher One card through Edison the refund will be transferred to your Higher One Account. Due to the short-term nature of most Continuing Education programs, refunds will not be granted on or after the first class meeting. By submission of this form you are stating that you accept our refund policy.