



Continuing Education Registration Form

www.edison.edu/charlotte/ce

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| Last Name: | | First Name: | |
| Mailing Address: | | | |
| City: | State: | Zip Code: | |
| Contact Phone #: | | Email: | |
| Birth Date: | | SSN: | |
| Where did you learn of this course? | | | |
| <input type="checkbox"/> Edison Website <input type="checkbox"/> Newspaper – Which One? _____ | | | |
| <input type="checkbox"/> Current Edison Student <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Postal Mail <input type="checkbox"/> Email | | | |

| Course Title | Date | CRN # | Campus/Room | Fee |
|---------------|------|-------|-------------|-----|
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| Total= | | | | |

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| Payment Options | |
| <input type="checkbox"/> Check enclosed (make check payable to Edison College) <i>DO NOT SEND CASH</i> | |
| <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard / Credit Card #: _____ | |
| Expiration date: | CCV (3-digit # on back of card): |
| Name As It Appears On Card: _____ | |

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| <p><u>Please mail your completed form with payment to:</u></p> <p style="text-align: center;">Sandra Harrell Continuing Education Edison State College 26300 Airport Road Punta Gorda, FL 33950</p> | <p><u>You may also fax your completed form with credit card info to:</u></p> <p style="text-align: center;">941/637-3503</p> <p>Or email it to: charlottece@edison.edu</p> |
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| Refund Policy | |
| <p>Requests for refund prior to the first class meeting will be granted. Due to the short-term nature of most Continuing Education programs, refunds will not be granted on or after the first class meeting. The Dean of the Division of Professional and Technical Studies will review requests due to extenuating circumstances on a case-by-case basis.</p> | |