

Live Online Courses

Registration Form

"Required Fields					Piease Print L	_egibiy
*Date of Registration:						
*First Name:	M.I.:	*L	ast Name:			
*Mailing Address:						
*Have you taken a Live Online o	ourse before?	Yes 🗌	No 🗌			
*Email:						
Must be an individual email address. If	you have taken a l	Live Online cla	iss before, use the san	ne email you pr	eviously regis	tered with.
*Phone:	*Date of Birth:			Male Female		
*Current Employer:						
Registration Confirmation: Upon repertinent course information. Appronboarding email with a student m	oximately one w	eek prior to	the start of the cour	se, participan	nts will receiv	e an
Course Title	Start Date	Start Time	Enrolling Col	IEGE	Credit (Y/N) f applicable	Registration Fee**
**Additional purchases may be recommaterials. The participant or employall required textbooks and material Method of Payment:	yer is responsible	e for purcha	sing all required iten	•		
Credit Card – Call me for cred	dit card informa	ition				
*Payer Name:		*Pay	er Phone:			
*Payer Email:						
Company/3 rd Party Billing						
*Company Name:						
*Company Address:						
*Phone:			PO#:_			
*Authorized Representat						
*Authorized Representat	ive's Email:					

REFUND POLICY – A full refund or a transfer will be given to any student/company canceling or transferring their registration no less than 3 business days prior to the course start date. Participants and/or companies will incur all charges, with no refund, if the participant/company does not cancel or transfer their registration no less than 3 business days prior to the first course date.

To Complete Registration: Submit form to your enrolling college *OR* email directly to cbi@southcentral.edu. **Registration Questions:** Call 507-389-7203 or email cbi@southcentral.edu.