

WORKFORCE DEVELOPMENT SOLUTIONS REGISTRATION FORM

<p style="text-align: center;"><u>Participant Information:</u> <i>(all fields required for registration)</i></p> <p>Name: _____</p> <p>Street Address: _____</p> <p>City, State, Zip: _____</p> <p>Phone: _____</p> <p>Date of Birth: _____</p> <p>E-mail: _____</p>	<p style="text-align: center;"><u>Payment Information:</u></p> <p>Name: _____</p> <p>Card #: _____</p> <p style="text-align: center;">(Visa, Mastercard or Discover only)</p> <p>Expiration date: _____ Billing Zip: _____</p> <p>Signature for Authorization: _____</p> <p><input type="checkbox"/> Bill my employer (employers must email registration form)</p> <p>Company Name: _____</p> <p>Attn: _____</p> <p>Address: _____</p> <p>City, State, Zip: _____</p> <p>Email Address: _____</p> <p style="text-align: center;"><i>(where invoice will be sent)</i></p>															
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 60%;">COURSE NAME</th> <th style="width: 20%;">START DATE</th> <th style="width: 20%;">FEE</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>		COURSE NAME	START DATE	FEE												
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Once completed, please email this form to BreAnna Tracy @ breanna.tracy@minnesota.edu
 If you would like to mail in a check, please make checks payable to M State, include this form
 and mail to: M State, Attn: BreAnna Tracy, 1900 28th Ave S, Moorhead, MN 56560

Email me a copy of my receipt

No receipt needed