WAKE TECH
COMMUNITY COLLEGE

9101 Fayetteville Road Raleigh, North Carolina 27603-5696 919-866-5800

CONTINUING EDUCATION REGISTRATION

Fax: 919-773-4788

Course: FIP4117 (Number) Managing the Search Function Class (Title)

Instructor: Stone Point Services **Location:** Umstead State Park **Date:** Feb 4, 2011 (Begin) Feb 6, 2011 (End)

***Social Security # or**
College ID#: _____ (*Used for reporting purposes only)

Name: _____ (Last) (First) (Middle)

Address: _____ (Street, P.O. Box, Route) (City) (State) (Zip Code)

County of Residence: _____ **Date of Birth:** _____ (Month) _____ (Day) _____ (Year)

E-mail Address: _____ **Home Phone:** _____

Please Circle: **Sex:** 1. Female 2. Male

Ethnicity: 1. Hispanic/Latino 2. Non Hispanic/Latino

Race: 1. American/Alaska Native 2. Asian 3. Black or African American 4. Hawaiian or Pacific Islander 5. White

Circle the **highest education level** that best describes you:

0 1 2 3 4 5 6 7 8 9 10

11 (Highest Grade Completed – Non-high School Graduate)
12 (High School Graduate)
-- GED
13 Adult High School Diploma
14 Post High School Vocational Diploma
15 Associate Degree
16 Bachelor's Degree
17 Master's Degree or Higher

Employment: ☐ Full-Time (FT) ☐ Part-Time (PT) ☐ Retired (R) ☐ Unemployed – Not Seeking (UN) ☐ Unemployed – Seeking (US) ☐ Inmate

Employer: _____ **Business Phone:** _____

Employer's Address: _____

Student Signature: _____ **Date:** _____

Payment:

Fees: $ _____ (Registration) **$** _____ **Total Amount**

No confirmation will be sent.
You will be notified only if the class is full or cancelled.

Total Payment: $ _____ **Check one:** ☐ *Check ☐ Money Order ☐ Master Card ☐ Visa

***Make check payable to: Wake Technical Community College**

Card Holder's Name: _____ Card Holder's Signature: _____

Card Number: | | | | | | | | | | | | | | | | |

Expiration Date: _____ (MM) / _____ (YR)

Disability Support Services (DSS) is available for students who require disability accommodations.
To determine eligibility, contact DSS at 919-866-5670 (TTY 779-0668).

FOR OFFICIAL USE ONLY

Fees: $ _____ (Registration) $ _____ **Total Amount**

☐ **Class is Full** ☐ **Class was canceled**

AN EQUAL OPPORTUNITY INSTITUTION

White – Registrar Yellow – CE Class File

Form 473 R-25 (8-17-09) LW