



**REGISTRATION FORM**

<b>Last Name:</b> _____	<b>First Name:</b> _____
<b>Middle Initial:</b> _____	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Age Range:</b> <input type="checkbox"/> 16 & under <input type="checkbox"/> 19-29 <input type="checkbox"/> 30-49 <input type="checkbox"/> 50 & over	<b>Employed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Date of Birth:</b> _____ (day)/_____ (month)/_____ (year)	<b>If employed, give Name of Company/Organisation:</b> _____
<b>Nationality:</b> _____	
<b>Self-employed:</b> <b>Full time:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Part time:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If self-employed, state:</b> <b>Type of Organisation:</b> _____ <b>Years of Employment:</b> _____
<b>Business Address: (Company or Self Employed)</b> <b>P.O. Box:</b> _____ <b>City:</b> _____ <b>Country:</b> _____ <b>Telephone:</b> _____ <b>Fax Number:</b> _____	<b>Home/Mailing Address:</b> <b>P.O. Box:</b> _____ <b>City:</b> _____ <b>Country:</b> _____
<b>Telephone: (Work)</b> _____	<b>Telephone: (Home)</b> _____
<b>Telephone: (Cell)</b> _____	<b>Telephone: (Other)</b> _____
<b>Email Address (Work):</b> _____	<b>Email Address (Personal):</b> _____

**COURSE DETAILS**

<b>Course Title:</b> _____		
<b>Course Date:</b> _____	<b>Day:</b> <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> S	<b>Time:</b> _____
<b>Course Fee:</b> _____		
<b>Registration Deadline:</b> _____		
<b>Receipt Number:</b> _____		

**PAYMENT**

Cash                       Cheque: CK#: \_\_\_\_\_ Amt. Paid \$ \_\_\_\_\_

Purchase Order #: \_\_\_\_\_ Issued by: \_\_\_\_\_

Credit Card:  Visa  M/C# \_\_\_\_\_ Expires: \_\_\_\_\_ (M) \_\_\_\_\_ (Y)

Debit Card:  Visa  ATH# \_\_\_\_\_ Expires: \_\_\_\_\_ (M) \_\_\_\_\_ (Y)

**Registrant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(D) (M) (Y)

**HLSCC Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(D) (M) (Y)