



Workshop Registration Form

Semester: Fall Spring Summer 20__

NONCREDIT WORKSHOPS

1) **PERSONAL DATA:** Please **PRINT** clearly and complete all applicable information.

Student ID (for office only): _____

Name: _____
LAST FIRST MIDDLE INITIAL FORMER NAME (IF ANY)

Address: _____
STREET/PO BOX CITY STATE ZIP CODE

Home Phone: (____) _____ Work Phone: (____) _____

E-mail Address: _____ Cell Phone: (____) _____

How did you **first** learn about these workshops? (Please only one):

Semester Schedule Advertisement Online Word of Mouth

Gender: _____ Female _____ Male
Date of Birth _____ / _____ / _____
MONTH DAY YEAR

Have you taken any courses/workshops at BCC in the past? Yes No
 If yes, when?

2) **COURSES:** Select up to four noncredit workshops you wish to take and complete the box(es) below. Use only the registration fee shown after the workshop number. Do **NOT** include any additional fees.

DEPARTMENT (Ex: WKS)	COURSE NO. (Ex. 049)	SECTION (Ex. E1)	REGISTRATION FEE (Ex. \$19)
			\$
			\$

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			\$
			\$

3) **PAYMENT:** Total your cost above and complete the following:

Total Due: \$ _____ Paid by: Enclosed check # _____ (payable to Berkshire Community College); **OR**

Name as it appears on Card: _____ Visa/MC/American Express/Discover # _____
 Exp. Date: ____ / ____ Security Code _____

Billing Address of Card: _____ Phone Number (if different from above)
 (____) _____

4) **SIGNATURE:** By signing below, you agree to abide by the rules and regulations of BCC and accept the courses indicated. If applicable, your signature also authorizes BCC to charge your credit card as shown above.

Student's Signature: _____ Date: ____ / ____ / ____

5) **SUBMIT:** MAIL form and check to *Community Education & Workforce Development, Berkshire Community College, 1350 West Street., Pittsfield, MA 01201*; or FAX form (charge registrations only) to 413-499-3709.