

<b>FOR OFFICE USE ONLY:</b>		Student ID No.			
Company ID No.		Entered By		Date	
3 <sup>rd</sup> Party Entered		Date			

## GENERAL REGISTRATION INFORMATION & FORM

For more information visit our College web site at: [www.clcmn.edu/BUSIND/](http://www.clcmn.edu/BUSIND/) or contact us at:

**Central Lakes College-Brainerd**  
 501 West College Drive, Brainerd, MN 56401  
 800-933-0346, x8142; 218/855-8142  
 Fax: 218/855-8141

**Central Lakes College-Staples**  
 1830 Airport Road, Staples, MN 56479  
 800-247-6836, x5302; 218/894-5302  
 Fax: 218/894-5121

- **Please register at least 7 days in advance.** A decision whether a class will be held is made one week before the class starts based on the number of paid registrations. Within 7 days of the class start, registrations are accepted based on availability for that course.
- **Registration fee must accompany the registration form.** Phone registrations are accepted with a credit card.
- **No class confirmation will be sent. No Business & Industry Center classes when CLC is closed.**
- **Refunds:** A full refund is issued if you contact us 7 days prior to the start of the class, or if a class is cancelled. Once the class starts there is no refund.

Last Name _____	First Name _____	Middle Name _____	Former Name _____
Date of Birth _____	Social Security # _____	Male _____ Female _____	

*In accordance with MN Statute §270, subd. 3, "every person, organization, or corporation doing business with the state of Minnesota or any of its departments, agencies or educational institutions...shall provide that agency with either their social security number, federal taxpayer identification number or Minnesota tax identification number."*

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home County \_\_\_\_\_

Company/Organization \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone \_\_\_\_\_

Work County \_\_\_\_\_ Company Size:  1-20  21-50  51-100  Over 100 Employees

Class Name	Class No.	Date(s)	Fee

<p style="text-align: center;"><b>PAYMENT INFORMATION</b></p> <p><input type="checkbox"/> Receipt Needed <input type="checkbox"/> Cash <input type="checkbox"/> Company Payment <input type="checkbox"/> Invoice (P.O. No. _____)</p> <p><input type="checkbox"/> MasterCard <input type="checkbox"/> Visa Credit Card No. _____</p> <p>Name on Card _____ Exp Date _____</p> <p>Billing address, if different than above:        _____</p>	<p><b>MAIL REGISTRATION TO:</b>  <b>Central Lakes College</b>  <b>Attn: Jan Sterner</b>  <b>501 West College Drive</b>  <b>Brainerd, MN 56401</b></p> <p style="text-align: right; font-size: small;">Revised 10-08</p>
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