



Workforce Training Center Registration Form

Name: _____

Title: _____

Organization / Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Fax: _____

E-mail: _____

I would like to register for the following Workforce Training Center classes:

Course Name	Dates	Cost
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
Total Fees		_____

(630861/52862)

PAYMENT METHOD

Check enclosed (*Payable to City College at MSUB*) Check # _____, Amount _____

Cash—Amount _____

Credit Card (*check one*) _____ Amount _____



Credit Card #: _____ / _____ Expiration Date (mm/yy) ____/____

Security Code

Name on card (*please sign*): _____

Please remit this completed registration form and payment to:

City College -MSU Billings (Attn: Cashier) 3803 Central Avenue, Billings, MT 59102

Phone: 406 247-3002 / Fax: 406 247-3014

[Click Here to Print](#)