**OUR OFFICE NO LONGER ACCEPTS CASH OR PERSONAL CHECKS!**
**PAYMENT MUST BE MADE BY CREDIT/DEBIT CARD, MONEY ORDER OR CASHIER'S CHECK.**

**In Person - WE'VE MOVED!** Register at CTC, Bldg. 136 Rm. 139. Office Hours are Monday - Thursday 8 am to 5 pm and Friday 8 to 11 am.

**By Phone -** Call (254) 526-1586. Payment must be made with a credit/debit card.

**By Fax -** Fax a completed registration form to (254) 526-1600 with a credit/debit card number and expiration date.

**By Mail -** Send completed registration form with payment to: CTC Continuing Education P.O. Box 1800, Killeen, TX 76540

Legal Name: _____ _____ _____ _____
(Last) (First) (Middle Initial) (Suffix)

Previous Last Names (s): _____

Local Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Alternate Phone: _____

SSN: _____ Date of Birth: _____
(mm-dd-yy)

Credit Card No.: _____ Expiration Date: _____ Visa Mastercard Discover AmEx
(circle one)

CVC:_____ Name as it appears on card: _____ Billing Zip Code: _____

**Signature:** _____ **Date:** _____

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Please provide the following race/ethnic data. This information is requested on a voluntary basis by the U.S. Department of Education. (check all that apply): (This information will not affect your admission to the college.)

Ethnicity: ❑ Hispanic/Latino ❑ Non-Hispanic/Latino

Race: ❑ American Indian or Alaska Native ❑ Asian ❑ Black or African American ❑ Native Hawaiian or Other Pacific Islander ❑ White

Gender: ❑ Male ❑ Female Email: _____

High School Graduate: ❑ Yes ❑ No Date: _____

Name of high school attended: _____

If you did not graduate, have you earned a GED? ❑ Yes ❑ No Date: _____

Name and state of college/university: _____

State and county of legal residency for tax purposes: _____

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CTC does not discriminate in admission or access to, treatment or employment in its programs and activities on the basis of race, color, religion, national origin, gender, disability, age or veterans status. If you have any type of documented disability for which special services might be helpful, please contact Disability Support Services at (254) 526-1339/1450 or TDD at (254) 526-1378.

**MEDIA CONSENT:** If you do not wish for you or your child to be photographed for use in CTC advertising and/or campus printed and online publications, please check the box below. Your consent includes waiver of any financial renumeration, right to inspect or approve photos and also releases CTC from any liability for use of the images. ❑ I do not consent to be photographed for use in CTC advertising or publications.

I agree to abide by all college rules and regulations as outlined in the college catalog. I certify the information on this form is complete and correct. I request registration in the courses listed on this form. I also understand I have received or been directed to bacterial meningitis information on the college website (www.ctcd.edu/forms/formsdir.htm), as directed by the State of Texas, Senate Bill 31, 2001.

**Signature:** _____ **Date:** _____

| Synonym Number | Course Name | Course Number | Course Title | Bldg/Room | Date From/To | | Time From/To | | Cost |
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