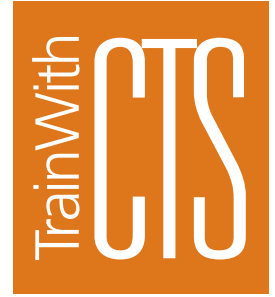


Register Today!



By Phone: 419.267.1332

By Fax: 419.267.3891

By Mail: Complete registration form and mail with payment.

Mailing Address:

**CTS/Northwest State
Community College
Attn: Lori Yoder
22600 State Route 34
Archbold, OH 43502-9542**

Name _____ Date of Birth ____/____/____
Social Security Number (optional) _____

PERSONAL INFORMATION

Please complete this area if you are a new student or if any of your information has changed.

Address _____ Fax (____) _____
City _____ State _____ Zip _____
Home Phone (____) _____ Email _____

Gender: Male Female

Ethnic Background (please check one)

Black American Indian or Alaskan White (non-Hispanic) Asian or Pacific Islander Hispanic Other

U.S. Citizen: Yes No

WORK INFORMATION

Company Name _____ Phone (____) _____
Address _____ Fax (____) _____
City _____ State _____ Zip _____

PAYMENT INFORMATION

Bill Company (attach PO if req.) Check (enclosed) Money Order (enclosed)

M/C | Visa

Credit Card Number _____ Name on Card _____

Expiration Date _____

Course Number	Title	Start Date	Fee
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____