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# Registration Form

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number                      Name

\_\_\_\_\_  
PO or Street Address                      City                      Zip

\_\_\_\_\_  
Work Telephone                      Home Telephone

Date of Birth    \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo.    Day    Year

\_\_\_\_    \_\_\_\_  
M    F  
This information is required for our federal reporting.

\_\_\_\_\_  
Course 1                      Date

Amount Due \$ \_\_\_\_\_

Check Enclosed \_\_\_\_\_ (payable to OCtech)

\_\_\_\_\_  
Course 1                      Date

Purchase Order \_\_\_\_\_ Billing Authority \_\_\_\_\_

\_\_\_\_\_  
Course 1                      Date

Visa \_\_\_\_\_ MasterCard \_\_\_\_\_

Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_

Mail to: Continuing Education Division  
Orangeburg-Calhoun Technical College  
3250 St. Matthews Rd.  
Orangeburg, SC 29118

Authorized Signature \_\_\_\_\_

or Fax to: (803) 535-1238



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