

# 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 \_\_\_\_\_

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

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

**or Fax to: (803) 535-1238**