

# Registration Form

# Customized Training Services

## HOW TO REGISTER:



### ONLINE

[https://mnscu.rschooldtoday.com/public/getcategory/program\\_id/7](https://mnscu.rschooldtoday.com/public/getcategory/program_id/7)



### FAX

Brooklyn Park: 763.488.2723  
Eden Prairie: 952.995.1331



### MAIL

Hennepin Technical College  
Customized Training Services  
9000 Brooklyn Boulevard, G201  
Brooklyn Park, MN 55445



### ON CAMPUS

Hennepin Technical College 9000  
Brooklyn Boulevard, Suite G201  
Brooklyn Park, MN 55445

Hennepin Technical College  
13100 College View Drive H150  
Eden Prairie, MN 55347

**If you have questions about registration, call us at 952.995.1330 or 763.488.2721.**

### Confirmation:

If you provide us with your email address, you will receive a confirmation email. We will contact you by email or telephone if your course is canceled or if there are no openings available.

### Cancellations/Changes:

You will be notified if your course is rescheduled, extended, filled or canceled. Each course has a minimum and maximum number of participants. Information presented in this publication should not be considered as an irrevocable contract.

### Refund Policy:

(Also applies to purchase orders) Full refunds will be given to any student/company canceling 3 business days prior to the first session. Student and/or companies will incur all charges with no refund if student does not drop the course 3 business days prior to the first session.

### Are you an Alumni? Stay Connected.

Find out more about HTC and upcoming events - update your contact information on the web at [HennepinTech.edu](http://HennepinTech.edu) Alumni and Supporters link



**Hennepin Technical College™**

CUSTOMIZED TRAINING SERVICES

[hennepintech.edu/cts](http://hennepintech.edu/cts)

Registrations are accepted on-line, by mail, fax, or in person.

Payment or a purchase order (PO) number must accompany registration.

Student Tech ID or Social Security Numbers are used for student identification purposes on student records. The registration form will be processed whether or not the social security number is provided.

Please print your name as it appears on your drivers license or ID.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Company \_\_\_\_\_ Title \_\_\_\_\_

Student Tech ID or Social Security Number \_\_\_\_\_

Street Address \_\_\_\_\_ Apartment or Suite # \_\_\_\_\_  
 Home  Business

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (work) \_\_\_\_\_ (home) \_\_\_\_\_ (fax) \_\_\_\_\_

Phone (cell) \_\_\_\_\_ Email \_\_\_\_\_

How did you learn about HTC Customized Training? \_\_\_\_\_

Course Name	Course ID #	Class Dates	Fee / Tuition
Fee / Tuition Total			

Birth Date: <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnic Origin: <input type="checkbox"/> Caucasian (3) <input type="checkbox"/> African American (1) <input type="checkbox"/> Hispanic (5) <input type="checkbox"/> American Indian or Alaskan Native (6) <input type="checkbox"/> Asian or Pacific Islander (2)
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The information requested is needed for reporting and research purposes. It will be kept confidential and will not be used as a basis for enrollment or in a discriminatory manner. The information will be used for summary reports required by federal and state laws and regulations to support institution action. Summary reports do not identify individuals. Completion of the confidential information section is voluntary. Refusal to provide any of the requested information will not affect your enrollment. Students with disabilities are encouraged to contact the Support Service Manager on campus to arrange appropriate support services.

I have read and understand the college refund policy \_\_\_\_\_

Signature Required

<b>Billing Information:</b>	
<input type="checkbox"/> Check/Money Order # _____	Payable to: Hennepin Technical College
<i>For PO or Credit Card payments, please complete all the billing information below</i>	
<input type="checkbox"/> Invoice company - PO # _____	Attn: (Billing Person/Dept) _____
Bill to Address: (Company) _____	
Email (Billing Contact): _____	Phone: (Billing Contact) _____
Credit Card # <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> DISCOVER	Exp. Date _____ Month/Year _____
Name on Card (please print) _____	
Cardholder's Signature _____	
<i>All faxed registrations must include a credit card number and cardholder's signature</i>	