

**MASSANUTTEN TECHNICAL CENTER CONTINUING EDUCATION
ENROLLEE INFORMATION FORM**

First Name _____	Employer _____
Last Name _____	Street _____
SS# (Last 4 digits) _____	City/State/Zip _____
Street _____	Home Phone _____
City/State/Zip _____	Business Phone _____

**If you would like to receive a text message alert in the event of class cancellation, please complete the following information:*

Cell Phone Number (with area code) _____

Cell Phone Provider (check one) Alltel AT&T Cingular Boost mobile Nextel NTELOS Sprint T-Mobile
 US Cellular Verizon Virgin Mobile

If your cell phone provider is not listed above, we are unable to send text messages. You may provide your email below to receive email notifications.

Email _____

<u>COURSE TITLE</u>	<u>START DATE/ DAY OF WEEK</u>
_____	_____
_____	_____
_____	_____

Payment Method: *Invoice Check #: _____ Cash Credit Card #: _____ Exp Date: _____

**Please note: In order to invoice the employer, we must have written permission on company letterhead from a supervisor.*

Code: (Check One)

Diploma <input type="checkbox"/>	Resident Location:	Harrisonburg City <input type="checkbox"/>	Rockingham County <input type="checkbox"/>	Other <input type="checkbox"/>
Public <input type="checkbox"/>	Employer Location:	Harrisonburg City <input type="checkbox"/>	Rockingham County <input type="checkbox"/>	Other <input type="checkbox"/>
Apprentice <input type="checkbox"/>				

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