



**Allegany College of Maryland – Continuing Education
REGISTRATION FORM**

E-mail to aweicht@allegany.edu, or fax to: 814-623-7234

MAIL TO:
195 Pennknoll Road
Everett, PA 15537
Phone: 814-624-4812



Payment must accompany this registration – Make checks payable to ACM

LAST NAME FIRST MI

STREET ADDRESS CITY OR TOWN COUNTY STATE ZIP CODE

() Male () Female

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Birthdate
Month Day Year

HOME PHONE

BUSINESS PHONE

FAX PHONE

EMAIL ADDRESS – PRINT NEATLY

Signature _____ Date _____
(I certify that the information on this form is correct. Must be signed and dated to be official.)

Allegany College of Maryland does not discriminate on the basis of age, ancestry/national origin, color, disability, gender identity/expression, marital status, race, religion, sex, or sexual orientation in matters affecting employment or in providing access to programs and activities. For inquiries related to this policy, Title IX, and ADA/504, please contact: Dr. Renee Conner, Dean of Student and Legal Affairs, Title IX Coordinator, ADA/504 Coordinator, 301-784-5206 rconner@allegany.edu Allegany College of Maryland is also required to inform prospective and current students of important College policies including Non-Discrimination, Title IX, Child Abuse Mandated Reports, Clery Act, Heroin & Opioid, Drug and Alcohol Use, Academic Disabilities, FERPA, Accreditation, and Medical Disclosure Procedure. For full details on these key policies, please visit the Allegany College of Maryland website at allegany.edu/policy-mandates.

Course #	Course Title	Begin Date	Time	Course Cost
TOTAL COSTS				

If your employer is paying please provide the information below.

AGENCY'S NAME CONTACT PERSON

PHONE EMAIL ADDRESS

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STREET ADDRESS CITY STATE ZIP CODE

FOR CREDIT CARD USE ONLY Visa MasterCard Discover V Code: _____

Account No. _____ Date of Expiration _____

REGISTRATION OFFICE USE ONLY		Amount Paid _____
_____	_____	_____ Cash
Date Received	Initials	_____ Check
		_____ Credit Card
		_____ Bill To