

**ALLEGANY COLLEGE OF MARYLAND
CENTER FOR CONTINUING EDUCATION & WORKFORCE DEVELOPMENT**

REGISTRATION FORM



MAIL TO: Registration Specialist | Allegany College of Maryland
Center for Continuing Education & Workforce Development
12401 Willowbrook Road, SE | Cumberland, MD 21502-2596
PHONE: 301-784-5341 | FAX: 301-784-5025

ACM

Make checks payable to: Allegany College of Maryland
(Payment must accompany this registration)

STUDENT ID OR SS # _____ LAST NAME _____ FIRST _____ MI _____
(if applicable)

STREET ADDRESS _____

CITY OR TOWN _____ COUNTY _____ STATE _____ ZIP CODE _____

Birthdate

MONTH	DAY	YEAR

ETHNICITY: *(Please check all that apply):*

Are you Hispanic or Latino: Yes No

White Asian Native Hawaiian / Other Pacific Islander

Black / African American American Indian / Alaska Native

() Male () Female

HOME PHONE _____ CELL PHONE _____

BUSINESS PHONE _____ EMAIL ADDRESS _____

Signature _____ Date _____

I certify that the information on this form is correct. Must be signed and dated to be official. By signing this form, I agree to abide by the policies and procedures of the College, including without limitation, the Student Code of Conduct.

Allegany College of Maryland prohibits sexual misconduct and sex discrimination by or against all students, employees, and campus guests. If you have any questions or concerns or if you need to make a complaint, contact ACM's Title IX Coordinator, Dr. Renee Conner in CC-152, by email at rconner@allegany.edu, or by phone at (301) 784-5206. For detailed information about policy, procedures, and prevention education, see www.allegany.edu/titleIX.

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 _____

STREET ADDRESS _____ CITY OR TOWN _____ STATE _____ ZIP CODE _____

TELEPHONE NUMBER _____ FAX NUMBER _____

FOR CREDIT CARD USE ONLY () Visa () Mastercard () Discover

Account No. _____

Date of Expiration _____ V. Code _____

REGISTRATION OFFICE USE ONLY

Amount Paid _____

_____ Cash _____ Credit Card
_____ Check _____ Bill To

Date Received _____ Initials _____