

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

**REGISTRATION FORM**



**ACM**

**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: 301-784-5023

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

SOCIAL SECURITY # \_\_\_\_\_ LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MI \_\_\_\_\_  
*(optional)*

STREET ADDRESS \_\_\_\_\_

CITY OR TOWN \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Birthdate

MONTH	DAY	YEAR

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

Male  Female

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](mailto:rconner@allegany.edu), or by phone at (301) 784-5206. For detailed information about policy, procedures, and prevention education, see [www.allegany.edu/titleIX](http://www.allegany.edu/titleIX).

COURSE #	COURSE TITLE	BEGIN DATE	TIME	COURSE COST
<b>TOTAL COSTS</b>				

**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 \_\_\_\_\_

Date Received \_\_\_\_\_ Initials \_\_\_\_\_

\_\_\_\_ Cash      \_\_\_\_ Credit Card  
\_\_\_\_ Check      \_\_\_\_ Bill To