

REGISTRATION FORM



**WORKFORCE
DEVELOPMENT
INSTITUTE**

Student Information:

Date: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Are you a previous HVCC student? Yes No Please provide last name, if different from above: _____

HOME Mailing Address*: _____

**Home address required, as confidential login and password information will be mailed to this address.*

City/State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail Address: _____ SSN: _____ DOB: _____

(IRS requirement)

For Company or 3rd Party Payment:

Company Name: _____ P.O. #: _____

(Attach) (See instructions below)

Company Mailing Address: _____

City/State: _____ Zip: _____

Course Title	Course Start Date	Tuition

Payment Information:

Cash Check Discover® MasterCard® Visa®

Credit Card #: _____ Exp. Date: _____

Cardholder's Name*: _____ Security Code: _____

**If different than student, provide your relationship to student:* _____

AND credit card billing address: _____

City/State: _____ Zip: _____

- ✓ **Submit this form online at:** <http://www.hvcc.edu/wdi/register.htm>
- ✓ Make checks, money orders and purchase orders payable to **HVCC - WDI**
(Include the student's name and course title on all checks, money orders, and purchase orders.)
- ✓ Fax Registration Forms and vouchers/Purchase Orders, if applicable, to **(518) 629-4238**
- ✓ **Mail completed Registration Form to:**

Hudson Valley Community College
Workforce Development Institute
80 Vandenburg Avenue
Troy, New York 12180

How did you find out about the course(s)?

- Hudson Valley Community College Flier/Poster
- Workforce Development Catalog
- Referred by friend
- Hudson Valley Community College Web Site
- Social Media
- Other _____