



*May 12, 2008*

**PROGRAM REGISTRATION FORM**

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

ORGANIZATION \_\_\_\_\_

INDUSTRY \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL \_\_\_\_\_

**PAYMENT OPTIONS:**  Check enclosed

Credit Card:  Visa  MasterCard

Card Holder Name: \_\_\_\_\_

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

*Please make check to: Brunswick Community College, PO Box 30, Supply, NC 28462 or fax form to 910-755-7411.*

For more information, call Brunswick Community College at 910-755-7380.