

# Corporate College Services, Inc. Course Registration Form

Complete this form and submit to CCS via fax, email, or mail by the registration deadline.

Address Change

Current Name: \_\_\_\_\_  
LAST FIRST M.I.

Billing Address: \_\_\_\_\_  
NUMBER STREET

CITY STATE ZIP

Telephone: ( ) \_\_\_\_\_ e-mail: \_\_\_\_\_

Term:  January/February  March/April  May/June  July/August  September/October  November/December

Year: \_\_\_\_\_ Course: \_\_\_\_\_  
NUMBER TITLE

\*Tuition and fees can be found on the course flyer.

## **PAYMENT INFORMATION:**

**Options:**  Payment in Full  Payment Plan: \$10 fee  Electronic Invoice  
 Letter of credit: 10% payment must be included along with LOC

### **Payment Type:**

Check  Money Order (Check and money order made payable to Corporate College Services, Inc.)  
 Credit Card Please circle: Visa MasterCard Discover

Card #: \_\_\_\_\_ Name of Cardholder: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Amount to be Charged: \_\_\_\_\_

Security Code: \_\_\_\_\_

My signature below authorizes Corporate College Services, Inc. (CCS) to charge all applicable tuition and fees based on their policies to the indicated payment method.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**Students are not registered if registration forms are incomplete and/or not accompanied by a payment method. Fees will apply for late registration, declined credit card transactions, or returned check.**

I certify that the above information is true and correct. I understand that false information may result in dismissal from CCS programs and notification of the event given to my organization. I agree that I will comply with and be bound by all requirements and policies of CCS as set forth in the Student Handbook.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Registration forms can be sent via:

**Email:** registration@corporatecollegeservices.com

**Fax:** 908-233-5719

**Mail:** Corporate College Services, Inc.  
91 Clinton Rd., Suite1B  
Fairfield, NJ 07004

### **For internal use only:**

Received: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Processed: \_\_\_\_\_ Date: \_\_\_\_\_

Invoice: \_\_\_\_\_ Date: \_\_\_\_\_

Syllabus: \_\_\_\_\_ Date: \_\_\_\_\_