

REGISTRATION FORM

NIC Workforce Training Center

525 South Clearwater Loop Post Falls, ID 83854

Phone 208.769.3671

Fax 208.769.3223

E-mail nicworkforcetraining@nic.edu

* First

Middle

* Last

* Mailing Address

* City, State, Zip

Company

* Phone

* Student E-mail

* Date of Birth

* For Federal & State reporting purposes only. Male Female

Course Title:

Start Date:

Fee:

Student Release (if applicable)

Student Release: I authorize the person designated below to register me for classes, make changes to my class schedule and/or have access to my student records. Signature* Date

*Authorized Person/Company

*E-mail

Method of Payment

Credit/Debit Card

Cash

Check (payable to North Idaho College)

Paid by Employer

Card Information

Visa

MasterCard

- I authorize North Idaho College to charge the above referenced card only for the amount specified.

Cardholder Name

Signature

Billing Address

City

State

Zip

Phone