

Mail

P.O. Box 118067, CE-M
 Charleston, SC
 29423-8067

In Person

Complex for Economic Development/
 Continuing Education Center (Bldg. 910), Room 102, Main Campus
 2001 Mabeline Rd., North Charleston

Fax

843.574.6310

E-Mail

ce.reg@tridenttech.edu

Phone

843.574.6152

Name _____

Social Security Number _____

Driver's License Number _____ Driver's License State _____

Company _____ Title _____

Company Address _____

City _____ State _____ Zip _____ County _____

Home Address _____

City _____ State _____ Zip _____ County _____

Work Phone _____ Home Phone _____ Fax _____

E-Mail Address _____

_____	_____	_____	_____
Course/Program Number	Course/Program Name	Date	Fee

_____	_____	_____	_____
Course/Program Number	Course/Program Name	Date	Fee

_____	_____	_____	_____
Course/Program Number	Course/Program Name	Date	Fee

Check Enclosed (Payable to TTC) Driver's License Number of Payee _____

Bill Organization Please mail or fax purchase order with registration form.

Signature _____
 Card Holder/Billing Authority

MasterCard VISA American Express Discover

Card No. _____ Expiration _____

Check here if using a corporate card.

If you require any auxiliary aids, services or accommodations, please call 843.574.6131.

For statistical purposes only Race _____ Gender* _____

I, _____, do hereby attest that I am a citizen of the United States (by birth or naturalization) or a legal permanent resident of the U.S. or an alien lawfully present in the U.S. in compliance with the S.C. Illegal Immigration Reform Act (S.C. Code Ann. 59-101-430 (Westlaw 2008)). I understand TTC may require documentation to support my status.

Print Name _____ Date of Birth _____

Signature of Registrant _____ Date _____