

Gwinnett College

Continuing Education Class Sign-up Form

All Information Marked With An (*) **Must Be Completed**

Date*: _____ Name*: _____

Address*: _____ City*: _____ State*: _____ Zip*: _____

Work Phone*: _____ Home Phone*: _____

Mobile Phone: _____ Fax Number: _____

E-Mail*: _____

Class Date: _____ Tuition: _____

Instructor: _____ CEUs: _____

Class Location: _____

Payment Method (Circle One)*: Check Visa MasterCard
(if they are going to mail us a check, it must be received before the deadline)

Credit Card Number: _____

Card Exp Date: _____ Card Code: _____

Name On Card *(if different than above)*: _____

Georgia Massage Therapy License Number: _____

.....
Who Completed This Info Sheet* _____

Refund Policy: The refund policy varies depending on the course and the instructor. Please check the website for an explanation of the refund policy for the course selected.

Please Make Sure Everything Is Legible And That All Information Is Completed. Please Email this form to Jane Smith at ssmith@gwinnettcollege.com or by fax to (770) 381-0454. You may also contact Ms. Smith by phone at (770) 381-7200 between 8:00 and 5:00 p.m. Monday through Thursday and on Friday from 9:00 a.m. until 6:00 p.m. Unless otherwise stated, there are no refunds of tuition for cancellations within two weeks of the beginning of the class. Thank You Very Much!!