


COMMUNITY SERVICES PROGRAM REGISTRATION COUPON		 COLUMBIA GREENE COMMUNITY COLLEGE		Registration Number _____				
Last Name _____		First Name _____ MI _____		Social Security Number _____ / ____ / ____				
Street Address/PO Box _____		County of Residence _____		Birthdate _____ / ____ / ____				
City _____ State _____ Zip Code _____		<input type="checkbox"/> Male <input type="checkbox"/> Female / / <input type="checkbox"/> Columbia <input type="checkbox"/> Greene <input type="checkbox"/> Other		RF \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Mastercard <input type="checkbox"/> VISA Make checks & money orders payable to Columbia-Greene Community College				
Home Phone _____		Business Phone _____						
Charge Card Number _____		Expiration Date _____		Authorization # _____				
Card Holder _____ <input type="checkbox"/> (Same)		<input type="checkbox"/> Mail In Date _____ <input type="checkbox"/> Phone In Date _____ <input type="checkbox"/> Processed						
Course Nbr.	Course Title	Campus	Room	Day	Time	Begins	Course Fee	Office
PR 68391-1A	Issues in Writing, Copy- writing and Publishing	C-G	136	Sat	9:30- 4:30	5/18	\$ 32.00	
Return to: Community Services Program						Sub-total		
Columbia-Greene Community College						Registration Fee		\$ 3.00
4400 Route 23 • Hudson NY 12534 • 518-828-4181 Ext. 3342						Total		\$ 35.00