

Register Today! Three Ways to Register

We must have a 5-day advanced notice prior to class. Course fees may be billed to an employer, charged to MasterCard or Visa, or paid by check. If employer is to be billed for a class at Kirkwood Community College, please fill out the Sponsorship Billing Authorization Form. If you cannot attend, please call and withdraw from the class or you will be billed.

By Telephone:

Telephone the Location where your course/section number is to be held:

	FAX NUMBER	TELEPHONE
Cedar Rapids: Kirkwood Community College OR		
St. Louis University	319-398-5894	319-398-5893
KCC Phone-in registration	319-398-7185	319-398-5412
Clinton Community College, GATCI Center	563-244-7053	563-244-7100
Muscatine Community College	563-288-6116	563-288-6100
Scott Community College and Blong Technology Center	563-441-4053	563-441-4100
		1-888-336-3907

Please have ready:

Your social security number

Credit Card number, if charging, or company billing information

Course number(s) and course title(s)

Your name, address, and phone number

By Mail or Fax:

For classes being held at Kirkwood Community College or St. Louis University OSHA courses, please mail or fax your completed registration from with payment instructions to Kirkwood Community College, Attn: Marsha Willox, PO Box 2068, Cedar Rapids, IA 52406-2068, or fax it to 319-398-5894.

For all other classes, please mail completed registration form with payment to: Eastern Iowa Community College District, Attn: Registration, 306 West River Drive, Davenport, IA 52801.

Use VISA, MasterCard, Discover, or send a check or money order (no cash please) with the section/course #(s) and student's social security number written on the lower left-hand corner.

Course Title: _____

Section / Course #: _____ Date: _____

Name: _____

Home Address: _____

DayTime Phone Number: _____ Home Phone Number: _____

Cell: _____

Social Security Number _____ Date of Birth: _____

Employer: _____

Address: _____

E-mail Address: _____

Sponsorship Billing Authorization Form

Kirkwood Community College
Business Office
PO Box 2068
Cedar Rapids, IA 52406-2068

Non-Credit Programs

Please complete and fax or mail to the Marsha Willox at 319/398-5894 prior to the start of your class. ***Please do not fill out a sponsorship billing authorization form if you plan to pay by credit card - only if you want your company to be billed for the class.***

(Registration is **REQUIRED** prior to returning this form).

To: Kirkwood Community College

Date: _____

We authorize Kirkwood Community College to bill our company for the below listed student(s) and class. We will assume responsibility for tuition.

Class Title _____

Course/Section # _____

Class Date(s) _____ Class Tuition _____

PLEASE PRINT LEGIBLY:

Student's name	Student's Address	Social Security #	Date of Birth

Please send the bill to the following name and address:

Company Name: _____

E.I.N.#: _____ (EIN is a nine-digit number (for example, 12-3456789) assigned to sole proprietors, corporations, partnerships, estates, trusts, and other entities for tax filing and reporting purposes.)

Attention: _____

Address: _____

Phone: _____

If this bill remains unpaid at the end of the class, the charges will revert back to the student's account and he/she will be held accountable. The student will not receive any credit and will not be allowed to register until the account is paid in full.

Please note: Under the Federal Right to Privacy Act, Kirkwood Community College cannot disclose any student information without the written consent (on a separate form) of the student.

Student Signature (**required**)

Authorized Company Signer's printed name

Authorized signature (**required**)

This form is used for all classes held at Kirkwood Community College and St. Louis University.

Credit Card Form for Payment

Kirkwood Community College/ MOEC CTRC – Environmental Training Center

STUDENT INFORMATION:

Social Security Number: _____/_____/_____ Colleague ID # _____

Last Name: _____ First Name: _____

CLASS INFORMATION:

Class Title: _____

Class Date: _____

Section: _____

Cost of class: _____

CREDIT CARD INFORMATION:

Credit Card: MasterCard Discover Visa

Credit Card : _____

Exp. Date: _____ / _____

Please send Receipt to:

Marsha Willox
Community Training & Response Center
Environmental Training Center
Midwest OSHA Education Center
6301 Kirkwood Blvd. SW
Cedar Rapids, IA 52404

**THIS SAME FORM IS ALSO USED FOR THE ST. LOUIS UNIVERSITY OSHA CLASSES.
THE CHARGE WILL REFLECT KIRKWOOD COMMUNITY COLLEGE.**