

CLASS REGISTRATION

MIDDLETOWN CAMPUS:
 Workforce Solutions
 173 Skirmisher Lane
 Middletown, VA 22645-1745
 540-868-7021
 540-868-7020 (Fax)

FAUQUIER CAMPUS:
 Workforce Solutions
 6480 College Street
 Warrenton, VA 20187-8820
 540-351-1524
 540-351-1560 (Fax)

To register for Workforce Solutions classes, please complete the registration form below, enclose your payment and return to the appropriate Workforce Solutions Office prior to the first class meeting. It is recommended that you register no less than 3 days prior to the class starting date. Registrations are processed on a first-come, first-serve basis and must be accompanied by payment. Registrations can be faxed to 540-868-7020.

PERSONAL INFORMATION

FIRST NAME _____ FULL MIDDLE _____ LAST: _____
 SOCIAL SECURITY NUMBER _____ FORMER NAME (if applicable) _____
 BIRTH DATE _____ STUDENT ID NUMBER: (if known) _____
 GENDER Male Female

CONTACT INFORMATION

MAILING ADDRESS _____
 CITY/TOWN _____ STATE _____ ZIP _____
 PHONE NUMBER: _____ COUNTY / CITY OF RESIDENCE _____
 E-MAIL ADDRESS _____

EMPLOYER INFORMATION (if employed)

EMPLOYER NAME AND ADDRESS: _____
 BUSINESS PHONE NUMBER _____

RESIDENCY / DEMOGRAPHICS

RESIDENCY Native: US Citizen since birth
 Naturalized: Became US Citizen after birth
 Not a US Citizen / Country of Citizenship: _____
 ETHNIC GROUP: White American Indian
 Black/African American Native Hawaiian/Pacific Islander
 Hispanic/Latino Non-Specified
 Asian

CLASS LOCATION / CAMPUS

Middletown Campus (Middletown, VA) Fauquier Campus (Warrenton, VA) Luray-Page County Center (Luray, VA)

CLASS REGISTRATION

START DATE	START TIME	COURSE NAME	COURSE #	COST
6/3/08	8:30 am	Microsoft Word 2003 Intermediate (SAMPLE)	72459	\$145

If you have registered for a class that requires the purchase of a text/resource book, those books should be purchased from the school bookstore or a third-party vendor prior to class. Course descriptions for classes requiring texts include the ISBN number.

TOTAL FEES

METHOD OF PAYMENT (Select One)

Credit Card (Check One) VISA MasterCard **Check** Check # _____ **Cash**
 Card Number: _____ - _____ - _____ - _____ CVC # _____ Expiration Date: _____
 3 Digit # on Back of Card _____ Today's Date: _____
 Bill Employer (Attach purchase order or letter of authorization on company letterhead)

OFFICE USE

Entered in Lumens

Entered in PeopleSoft