



Continuing Education Department REGISTRATION FORM

Course Name: _____

Course Cost: _____

J.C. Alumni: Yes _____ No _____ Year Graduated _____

** Johnson College reserves the right to cancel or postpone any workshop, conference or meeting due to insufficient enrollment or other unforeseen circumstance. In the event of postponement or cancellation, Johnson College will refund registration costs but will not be held responsible for any related costs, charges, or expenses. For more information, please visit: www.johnson.edu/conted/training.html.*

*****Attendance Policy: A certificate of completion may not be given to any student that misses more than 30% of the scheduled classes. This will be at the discretion of the instructor.***

Participant Information

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

Payment Information*

Cash Check Visa Master Card Discover

Credit Card Number: _____

Credit Card Expiration Date (mm/yy): _____

Name (as it appears on the card): _____

**If paying by credit card, please fax this form to (570)348-2181. If paying by cash or check, please return this form and your payment to:*

Johnson College Continuing Education Department
3427 North Main Avenue, Scranton, PA 18508
Tel: (570)702-8979

By signing this registration you understand and agree to Johnson College's cancellation and attendance policies.

Signature: _____ Date: _____