



## 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](http://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.**

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### 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  American Express

Credit Card Number: \_\_\_\_\_

Credit Card Expiration Date (mm/yy): \_\_\_\_\_

Security Code (3 digits on back of card): \_\_\_\_\_

*Card holder contact information if different from above:*

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

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_