

REGISTRATION FORM

Name _____

Address _____

City _____ State _____ Zip _____

E-mail _____
(required for online courses)

Daytime Phone No. _____

Evening Phone No. _____



SEND A SEPARATE CHECK FOR EACH CLASS YOU TAKE. Checks will be returned if the class does not make.

CLASSES:

Date Offered	Class	Tuition	Textbook	Amt. Paid
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Make Checks Payable To:
Gibson Technical Center**

Mail your check along with this form to:
GTC Night Classes
386 West State Hwy. 76
Reeds Spring, MO 65737

CREDIT CARD FORM

MAIL TO: GTC Night Classes • 386 West State Highway 76 • Reeds Spring, MO 65737
or FAX TO: (417) 272-1529

Name _____ Phone: _____

Address _____ City: _____ State _____ Zip _____

MC Visa Discover *cc# _____ - _____ - _____

Expiration Date _____ / _____ Signature _____ 3 digit security code _____

**No charges will be made to credit card until class is confirmed.*

REFUND POLICY • PLEASE READ CAREFULLY!

Refunds will be made ONLY on the following conditions:

- 1) 100% Refund if requested 3 days BEFORE the first class meets. This notice gives our office time to cancel a class when enrollment can no longer cover its cost.
- 2) 50% Credit issued if requested two (2) days prior to the start of class.* No refund will be given if student cancels one day before the start of class.
- 3) 50% CREDIT issued if requested prior to the 2nd night of class. Credit to be used toward another night class.
- 4) No credit issued after the 2nd class.
- 5) No credit issued for classes with 3 or less sessions.
- 6) Textbooks cannot be returned for cash or credit.

* Please allow 6-8 weeks for refund to arrive by check in the mail.

I have read and understand the above refund policy.

Signature _____

Date _____

STUDENTS ASSUME THE RISK OF CHANGES CAUSED BY PERSONAL AFFAIRS OR HEALTH.