

# REGISTRATION FORM

## How To Register and Pay

I am registering for a health program.

- PHONE: **407-582-1793**
- ONLINE: **valenciacollege.edu/cehealth**
- FAX: **407-582-1580**  
This FAX is in a secured area.
- MAIL: Fill out form and mail in with payment to:  
**Valencia College  
CE for Health Professionals  
1800 South Kirkman Road MC 4-47  
Orlando, FL 32811**

I am registering for a continuing education program.

- PHONE: **407-582-6688**
- ONLINE: **valenciacollege.edu/continuingeducation**
- FAX: **407-882-6610**  
This FAX is in a secured area.
- MAIL: Fill out form and mail in with payment to:  
**Valencia College Continuing Education  
1800 South Kirkman Road MC 4-47  
Orlando, FL 32811**

• Valencia accepts cash, money orders, checks, VISA, MasterCard, American Express and Discover (*individual or company*).

• Checks and money orders must be payable to Valencia College.

• Cash will not be accepted in the classroom. Please do not mail cash.

• Cash payments must be made in person.

- CE Health: Make at the Continuing Education Business Office, West Campus, Bldg. 10, Room 110A

- CE General: Make at the Continuing Education Business Office, West Campus, Bldg. 10 Room 110A

### Businesses/Organizations:

Submit via fax or mail a purchase order and/or formal letter of authorization that must accompany a registration form.

Purchase orders and/or formal letters of authorization must include:

- Company letterhead with a typed billing address—not handwritten
- Contact name, title and phone number of person authorized to purchase for business/organization
- State the following: This letter authorizes Valencia College to bill [company name] for:
- What is being authorized; i.e., tuition, books, etc.
- Student(s) name(s), Social Security number(s), course number(s) and dates of class(es)

**NOTE:** Letters of authorization signed by students are not accepted.

Enrollment is on a first-come basis. If a course cancels, we will attempt to notify you and will place a notice at the entrance of the classroom. Tuition will be refunded according to our refund policy guidelines.

- Form may be duplicated.
- Form must be completely filled in and signed.
- Registrations should be received 7 days prior to start of classes.

## Valencia's Refund Policy

A full refund is granted for a class that is canceled by the college. Course fees will be fully refunded if a request is received at least 5 business days prior to the course start date. Once the student has been transferred (switched) from a course to another course with a later date, they cannot drop the course within the five day cancellation period to obtain a refund. Please note that fees for online courses are nonrefundable once the course has been accessed.

## PERSONAL INFORMATION

LAST NAME	FIRST NAME	M.I.	New Returning
SOCIAL SECURITY NUMBER	DATE OF BIRTH Month / Day / Year	GENDER Male Female	
CIVIL RIGHTS CATEGORY (Optional) <b>Are You Hispanic or Latino/Latina?</b> Yes No	<b>Select all ethnicities that apply</b> American Indian or Alaskan Native Asian Black/African-American Native Hawaiian or Pacific Islander White/Caucasian Other	<b>Citizenship</b> U.S. Citizen Nonresident Alien Permanent Resident Alien Unknown	

Preferred Address Home Business Preferred Email Address Home Business

CURRENT MAILING ADDRESS	CURRENT BUSINESS ADDRESS
STREET APT#	COMPANY TITLE
CITY	STREET
COUNTY STATE ZIP	CITY STATE ZIP
PHONE	PHONE EXTENSION
EMAIL	EMAIL

### How did you hear about our courses?

Course Schedule Flyer Brochure Web/Internet Email Postcard  
Corporate Training Print Ad Current Student Billboard Referral Other

## COURSE INFORMATION

COURSE TITLE	SCHEDULE #	COURSE TITLE	SCHEDULE #
LOCATION	START / END DATE	LOCATION	START / END DATE
COURSE FEE		COURSE FEE	

## STUDENT CONSENT TO RELEASE EDUCATIONAL RECORDS

In accordance with Valencia College policies and procedures, as well as state and federal law (FS §228.093, §20 U.S.C.A. 1232g), I voluntarily consent to the release of all information from my educational records related to the course(s) taken pursuant to this registration. The disclosure of this information may ONLY be made to my employer who has sponsored my enrollment in this course(s) and/or third party providers. This consent shall be valid for a period of one year.

SIGNATURE DATE:

## PAYMENT METHOD

CREDIT CARD # VISA MASTERCARD DISCOVER AMEX EXPIRATION DATE CSC OR CVV2 Name as it Appears on Credit Card (Please Print)	CHECK # Make checks payable to: <b>Valencia College</b> Corporate Personal	Cash
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"I declare, under penalty of perjury punishable by law as a misdemeanor 837.06 Florida Statutes, that the foregoing is true and correct."

SIGNATURE DATE:

## THIRD PARTY BILLING INFORMATION

COMPANY	PHONE	NAME OF BILLING CONTACT
ADDRESS OF BILLING CONTACT	FAX	FEDERAL TAX ID #