

Adult Education Program Registration Middle Bucks Institute of Technology 2740 York Road, Jamison, PA 18929

Phone 215.343.2480 ~ Fax 215.343.8626 Register online at www.mbit.org (Please Use One Form Each Course)

Address _____ City____ State ___ Zip ____ Cell Number _____ - ____ - ____ **Home Phone Number** *Date of Birth (mm/dd/yyyy): / / E-mail address: Employer _____ Work Phone Number - -Course Start Date: Course Title Course Fee: Payment- enclose a check or money order made payable to: Middle Bucks Institute of Technology. MBIT also accepts MasterCard and VISA as payment. If you wish to use this convenient way to pay your tuition, please provide the following information. Or register online at www.mbit.org. We do not send out confirmations. Refund Policy A full refund will be provided if the course is cancelled due to insufficient enrollment. Please allow four to six weeks to process a refund. 100% Refund - Cancellation or Withdrawal before first night of class. (subject to a \$10 cancellation fee). 80% Refund - Withdrawal during first week of instruction I hereby give permission for my photo to be taken during my enrollment in this course at Middle Bucks and for that photo to be used in any promotional materials used by the Middle Bucks Institute of Technology Adult and Industry Education Department. Date Signature Name of Cardholder Phone Number _ _____ Cardholder Address _____ City _____ State ___ Zip ____ CVC2 Exp. Date _ _ _ _ MasterCard No. VISA No. **Exp. Date** _ _ _ _ CVC2 Purpose for taking course: Develop New Occupational Skill Upgrade Present Occupational Skills **The following information is requested in order to complete statistical reports that we must file with the PA Department of Education. You are not required to furnish this information, but are encouraged to do so. **Special Needs: 1)__ Displaced Homemaker 2)__ Economically Disadvantaged 3) Educationally Disadvantaged 4) Disabled 5)__ Limited English 6) Single Parent 3)__ Black /African American (non-Hispanic) 4)__ Hispanic (any race) **Race: 1)__ American Indian or Alaskan Native 5) White/Caucasian (non-Hispanic) 6) Multi-Racial 9) Asian 10) Native Hawaiian/ Pacific Islander **For Official Use Only** Amt Paid: \$_____ Cash ____ Check #

MC/Visa _____ Date Paid ____ Received by: