

Fax It: Fax a copy of completed form to (803) 732-5255.

Phone It: Call (803) 732-0432 Monday - Friday, 8 a.m. – 4:30 p.m.

Mail It: Mail a copy of form including payment to the address below.

Please register 10 business days prior to class start date.

Name _____
 (as you want it to appear on certificate)
 Mr. Ms. Mrs.

Name _____
 (as you want it to appear on name badge)

Company Name _____

Company Address _____ Business Phone _____
 _____ Fax _____
 _____ Contact _____
 _____ Phone _____

E-Mail Address _____

Industry: Service Manufacturing Healthcare _____

Send Confirmation Letter to: Participant Contact Fax _____

Course Information

				Rate	
				Std	Disc.*
1. Course _____	Date(s) _____	Fee _____	<input type="checkbox"/>	<input type="checkbox"/>	
2. Course _____	Date(s) _____	Fee _____	<input type="checkbox"/>	<input type="checkbox"/>	
3. Course _____	Date(s) _____	Fee _____	<input type="checkbox"/>	<input type="checkbox"/>	
4. Course _____	Date(s) _____	Fee _____	<input type="checkbox"/>	<input type="checkbox"/>	

* Must have confirmation of certificate program status to be eligible.

Method of Payment

Check enclosed payable to Midlands Technical College P.O.# _____

Bill to Address (if different from above) _____

Mastercard Visa Card # _____

Send invoice or Credit Card Receipt to: Participant Contact Accounts Payable

Signature: _____

Additional Information

- I am receiving two copies. Please correct your mailing list.
- Please delete my name from your mailing list.
- Please add my colleague(s) to your mailing list. I have attached their name(s) and address(es).

Registration

**Mail to: The Center for Quality at Midlands Technical College
 Harbison Campus • P.O. Box 2408 • Columbia, South Carolina 29202**