

Enhanced Operator Registration Form

Name _____

Address _____

City _____ State _____ Zip _____

Home/Cell Phone _____ Work Phone _____

Email Address _____

Enclose a check or money order payable to GCTC or charge to your:

(\$50 Return Check Fee)

Credit Card: Am EX Discover MasterCard Visa

Credit Card # _____ Exp. Date _____

Please indicate if your employer is paying for this course _____ Yes _____ No

Company name _____

Company Address _____

Company representative's phone number _____

Part 1 = \$1200

Part 2 = \$1200

Both = \$2300

Conducting these classes is contingent upon sufficient student enrollment to justify the offering. In the event of insufficient student enrollment, these courses may be cancelled, with refunds provided to those already registered. Refunds will only be given if we cancel a class, NOT if you miss a class.



**WORKFORCE
SOLUTIONS**
CUSTOMIZED EMPLOYEE TRAINING