

# CPE Forum Spring 2009 Enrollment Form

Last Name	First Name

Street Address

City	State	Zip Code

Phone	Area Code	Number
Work/Day		
Home/Cell		

Date of Birth	Month	Day	Year

Required field. Please see below: \*

E-mail Address

Course #	CRN	Sec	Course Title	Day	Time
CWD544	25447	67	Planning for Special Needs	6/2	3:00pm

Payment. Please check one:  \$30 Paid Today  Paid Previously



\* The college registration system requires a unique identifier for each registrant in order to eliminate the possibility of duplicates in a database that contains everyone who has attended Holyoke Community College. You can supply either your social security number or date of birth. Either will be kept confidential. In turn, you will have a permanent record of your participation in this CPE forum.