

NON-CREDIT REGISTRATION FORM - EACC

(Fees must be paid at the time of registration whether by mail, fax, Internet, or in person)

Name: _____ **Home Phone:** _____ **Other Phone:** _____

Address: _____

E-Mail address: _____

<u>Course Title</u>	<u>Start Date</u>	<u>Fee</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

A transferable voucher will be given for the amount of the class if you cancel 48 hours prior to the start of the class. *(EACC reserves the right to cancel any class due to insufficient enrollment.)*

Method of Payment: Check Visa MasterCard

Card Number _____ **Signature** _____ **Exp.Date** _____

MAIL TO: East Arkansas Community College
c/o Beth Bridgforth, Director
1700 Newcastle Road
Forrest City, AR 72335