

Trine University Technology Center

498 E. Harcourt Road, Angola, IN 46703

Phone: 260.624.2420—Fax: 260.624.2380

Class Registration Form

PERSONAL INFORMATION:

Name: _____ **Email Address:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone #: _____ **Day or Cell Phone #:** _____

COMPANY INFORMATION:

Name of Company: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone #: _____ **Fax Phone #:** _____

CLASS INFORMATION:

Class Title: _____

Class Dates: _____ **Cost:** _____

PAYMENT INFORMATION:

- Payment must be made at time of registration -

Form of Payment: Check Visa MasterCard Discover Purchase Order Number _____
(Please Choose One)

Card Number: _____ **V-Code:** _____

Name on Card: _____ **Expiration:** _____

Address of Cardholder: _____
(If different than above)

Signature: _____

**Please Note:* All credit card information is destroyed after processing

Please fax or mail the bottom portion with your payment to:

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Fax: 260.624.2380