CONTINUING EDUCATION

FOUR EASY WAYS TO REGISTER

1. **Online:** Go to www.frontrange.edu/LarimerCE and click on REGISTER FOR CLASSES. Follow the instructions to register.
2. **Phone-In:** Call us with your Visa or MasterCard, 970-204-8686.
3. **Mail-In/Fax-In:** Complete and mail or fax the form below. Payment must accompany registration if mailed in. (Make checks payable to Front Range Community College/LC.) Fax number: 970-204-8484, Attn: Continuing Education. If paying by credit card, call 970-204-8686 with the credit card number after sending the fax. Do not include your credit card number or authorization code on the fax, please.
4. **Walk-In:** Come in person to the Continuing Education Office in the Mount Antero building (MA141), Mon-Fri, 8am-5pm.

Cancellations: Classes not meeting minimum size will be canceled. If class is canceled, a full refund will be made. It is not necessary to confirm your registration. You will be notified only if your class is canceled.

Refunds: Refunds may be made to those who withdraw 2 business days prior to the first class session. Students must officially drop the course by calling 970-204-8686 or by coming in to the office and completing a drop/add form. You should allow five weeks to process your refund.

CONTINUING EDUCATION CLASS REGISTRATION (NON-CREDIT)

Payment subject to return if received after class has filled.
Make check payable to: FRCC/LC unless otherwise noted.

Address to: Front Range Community College/Larimer Campus
Continuing Education
4616 South Shields Street
Fort Collins, CO 80526

DATE OF BIRTH (M M D D Y Y)

GENDER

ENTER LAST NAME (SPACE) FIRST NAME (SPACE) MIDDLE INITIAL

LOCAL STREET ADDRESS

CITY

STATE

ZIP

DAY PHONE NUMBER

EVENING PHONE NUMBER

EMAIL ADDRESS

May we email future course offerings and updates to the above email address? **YES ❒ NO ❒**

PLEASE REGISTER ME FOR THESE CLASSES

CLASS PREFIX NO. (LETTERS)	(NUMBERS)	SEC. NO.	CLASS TITLE	START DATE	DAYS	TIME START	END	LOCATION	COST
NOTE: If a third party is responsible for payment, provide the name, address and telephone number for the third party below.								**TOTAL Cost**	

METHOD OF PAYMENT: ❒ Check enclosed **OR** Please charge my: ❒ VISA ❒ MASTERCARD

CREDIT CARD#

EXP. DATE (M M Y Y)

SECURITY CODE

SIGNATURE OF CARD HOLDER

PRINT NAME