

Hawai'i Community College
Office of Continuing Education & Training

NON-CREDIT REGISTRATION FORM

Name: _____

Email: _____

Address: _____

Phone: (Res) _____

(Bus) _____

(Cell) _____

Course Code	Course Title	Date(s)	Time	Cost

Total: _____

Method of Payment:

- Cash
 Check # _____ Payable to **Hawai'i Community College**
 Wire
 Money Order # _____
 PO # _____

(Invoice will be mailed upon completion of class)

- Master Card
 VISA
 Credit card # _____ Exp date _____
 Cardholder's name _____
 Authorized signature _____

OFFICE USE ONLY:	
Registration #: _____	Acct: _____
Date Paid: _____	Initial: _____
Validation #: _____	_____

Billing Information:

- Company name _____
 Address _____

 Contact person _____
 Phone # _____ Fax# _____

How did you find out about the course(s)? TV Guide Newspaper Flyer Catalog Other _____

TO REGISTER:



Walk-in:
8:30am – 3:30pm
HCC Manono Campus
Bldg 379-A, Rm 3



Fax:
(808) 974-7487
Credit card & PO Only



Mail-in:
Hawaii Community College
Business Office
200 W. Kawili St., Bldg 397
Hilo, HI 96720-4091



Phone:
(808) 974-7531
Credit card & PO Only

DO NOT MAIL CASH

YOUR RECEIPT IS PROOF OF REGISTRATION AND WILL BE NEEDED FOR CLASS ATTENDANCE