

**Black River Technical College
Corporate & Community Education
Registration Form**

Please Print, Complete, and Return Form
Mail to P.O. Box 468, Pocahontas, AR 72455, Fax to (870) 248-4096
Please call (870) 248-4180 if you have any further questions.

Date: **Tuesdays, August 25 – October 13**

\$159.00 Class Fee

Corp. Sponsored **Ck# _____** **Cash /C.C.**

Course / Seminar Title: **Spanish for Medical Personnel**

<p>Name (print): _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p>
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S.S. # XXX-XX- _____ **Date of Birth:** ____ / ____ / ____ **Sex:** F M

Telephone: Home _____ Work _____

Email Address: _____

Employer: _____

Employer Address: _____

List any other classes / seminar topics you might be interested in attending (any subject):

1. _____
2. _____
3. _____

How did you hear about this class? **Newspaper** **Flyer** **Website** **Facebook** **Radio**
 Other _____