



REGISTRATION FORM

HOW TO REGISTER AND PAY

- PHONE:** Call 407-582-6688 for more info.
- FAX:** Fax registration form to 407-582-6610
ATTN: CN-Cashier
This FAX is in a secured area.
- MAIL:** Photocopy registration form, fill out, and mail in with payment to:

Valencia Enterprises
CN-Cashier
2411 Sand Lake Rd.
Orlando, FL 32809

- Valencia accepts cash, money orders, checks, VISA, MasterCard, American Express, and Discover (individual or company).
- Checks and money orders must be payable to Valencia Enterprises.
- Cash payments must be made in person at the Sand Lake Center prior to class start date.
- Cash will not be accepted in the classroom. Please do not mail cash.

BUSINESSES/ORGANIZATIONS:

Submit via fax or mail a purchase order and/or formal letter of authorization that must accompany a registration form.

Purchase orders and/or formal letters of authorization must include:

- Company letterhead with a typed billing address — not handwritten
- Contact name, title, and phone number of person authorized to purchase for business/organization
- State the following: This letter authorizes Valencia Enterprises to bill [company name] for:
- What is being authorized; i.e., tuition, books, etc.
- Student(s) name(s), Social Security number(s), course number(s), and dates of class(es)

NOTE: Letters of authorization signed by students are not accepted.

Enrollment is on a first-come basis. If a course cancels, we will attempt to notify you and will place a notice at the entrance of the classroom. Tuition will be refunded according to our refund policy guidelines.

Registrations should be received 7 days prior to start of classes.

VALENCIA'S REFUND POLICY

A full refund is granted for a class that is canceled by the college. Course fees will be fully refunded if a request is received at least 5 business days prior to the course start date. Please note that course fees for Online Courses are non-refundable. Once the student has been transferred (switched) from a course to another course with a later date, they cannot drop the course within the five-day cancellation period to obtain a refund.

PERSONAL INFORMATION			
Last Name		First Name	
Social Security Number		Sex <input type="radio"/> F <input type="radio"/> M	
M.I.		Date of Birth ____/____/____	
<input type="radio"/> New <input type="radio"/> Returning		Civil Rights Category (under "Title VI" Civil Rights Act of 1964) <input type="radio"/> Black/African American <input type="radio"/> Asian/Pacific Islander <input type="radio"/> White/Caucasian <input type="radio"/> American Indian/Alaskan Indian <input type="radio"/> Hispanic/Latino Caucasian <input type="radio"/> Other	
Citizenship <input type="radio"/> US Citizen <input type="radio"/> Nonresident Alien <input type="radio"/> Permanent Resident Alien <input type="radio"/> Unknown		Preferred Address: <input type="radio"/> Home <input type="radio"/> Business	
Preferred E-mail Address: <input type="radio"/> Home <input type="radio"/> Business		Mailing Address	
STREET _____ APT# _____ CITY _____ COUNTY _____ STATE _____ ZIP _____ PHONE _____ EMAIL _____		Business Address	
COMPANY _____ TITLE _____ STREET _____ CITY _____ STATE _____ ZIP _____ PHONE _____ EXTENSION _____ EMAIL _____		How did you hear about our courses? <input type="radio"/> Mail (Flyer, Postcard) <input type="radio"/> Brochure <input type="radio"/> Web Internet <input type="radio"/> E-mail <input type="radio"/> Advertisement (Newspaper, Magazine) <input type="radio"/> Current Student <input type="radio"/> Corporate Training <input type="radio"/> Referral	
COURSE INFORMATION			
COURSE TITLE _____		COURSE TITLE _____	
LOCATION _____		LOCATION _____	
START/END DATE _____		START/END DATE _____	
SCHEDULE # _____		SCHEDULE # _____	
COURSE FEE _____		COURSE FEE _____	
STUDENT CONSENT TO RELEASE EDUCATIONAL RECORDS			
In accordance with Valencia Community College policies and procedures, as well as state and federal law (FS §228.093, §20 U.S.C.A. 1232g), I voluntarily consent to the release of all information from my educational records related to the course(s) take pursuant to this registration. The disclosure of this information may ONLY be made to my employer who has sponsored my enrollment in this course(s) and/or third party providers. This consent shall be valid for a period of one year.			
SIGNATURE _____		DATE _____	
PAYMENT METHOD <input type="radio"/> Corporate <input type="radio"/> Personal			
Credit Card Number: _____ <input type="radio"/> Visa <input type="radio"/> MasterCard <input type="radio"/> Discover <input type="radio"/> Amex EXP. DATE _____ CSC or CVV2 _____ _____ <i>Name as it appears on credit card (please print)</i>		Check Number: _____ <input type="radio"/> Cash Make checks payable to: Valencia Enterprises	
"I declare, under penalty of perjury punishable by law as a misdemeanor 837.06 Florida Statutes, that the foregoing is true and correct."			
SIGNATURE _____		DATE _____	
DIRECT BILLING INFORMATION			
COMPANY _____		PHONE _____	
NAME OF BILLING CONTACT _____		FEDERAL TAX ID # _____	
ADDRESS OF BILLING CONTACT _____		FAX _____	