** Course Registration Form**

 **Please fax or email completed form to:**

 **Rebecca Boulton**

 **315.622.7435 (Fax)**

 **raboulton@BryantStratton.edu**

 **315.622.7430 ext. 266 (Phone)**

Syracuse Location:

8687 Carling Rd

Liverpool, NY 13090

(North Campus)

**Albany Location:**

**145 Wolf Road**

**Albany, NY 12205**

**(Wolf Road Shoppers Park)**

**Name:**

 *(Please print clearly– will appear on your certificate)*

 **Date of Birth: / /**

**Insurance License Number (for CE only) \_\_\_**

**Home Address:**

**City, State: Zip:**

**Home Phone: ( ) Cell Phone: ( )**

**Email Address:**

**Business Name:**

**Business Address:**

**City, State: Zip:**

**Business Phone: ( ) Business Fax: ( )**

**Course Title: Location:**

**Class Dates: Course Fee: $**

**Have you ever attended Bryant & Stratton? 🗌Yes 🗌No If so, which course /program?**

**\*\*REFUND AND CANCELLATION POLICY\*\***

**If you would like to receive your Pre-Licensing text book prior to the start of class you may pick it up at our location at 8687 Carling Rd, Liverpool NY 13090. All CE home study books will be shipped to the home address provided. Payments for home study CE will be charged once registration is received. Payments for pre-licensing courses will be charged once the 3-day refund/cancellation policy is up. Once you have paid for the course the charge is NON-REFUNDABLE. If you should need to cancel your registration after payment you will have the ability to use your credit for the same course at a later date. Bryant & Stratton College reserves the right to cancel a course and will issue refunds only in this event.**

* **Please check here if you are an agent paying for your employee and provide name and address below:**

**I have read and understand the Refund and Cancellation Policy,**

**Signature:**

**METHOD OF PAYMENT:**

**CHECK (BANK/ PERSONAL) \_\_\_\_\_ VISA\_\_\_\_\_ DISCOVER\_\_\_\_\_ MASTERCARD\_\_\_\_ MONEYORDER\_\_\_\_\_**

**CARD NUMBER: EXP DATE: / (CVC):**

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