

# SHORT-TERM PROFESSIONAL DEVELOPMENT ENROLLMENT FORM

Enroll online at [autrytech.edu](http://autrytech.edu)

Please Print

NAME \_\_\_\_\_

SOCIAL SECURITY NUMBER XXX - XX - \_\_\_\_\_ | DATE OF BIRTH: \_\_\_ / \_\_\_ / \_\_\_\_\_ | GENDER:  Male  Female

STUDENT MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

STUDENT PHONE NUMBER ( ) \_\_\_\_\_ STUDENT EMAIL \_\_\_\_\_

EMPLOYER \_\_\_\_\_ IS THIS TRAINING SPONSORED BY EMPLOYER?  YES  NO  
*(If yes, please fill out company billing information below.)*

**EDUCATION: (CHECK ONE)**

LESS THAN A HIGH SCHOOL DEGREE     TECHNICAL DIPLOMA     MASTERS DEGREE  
 HIGH SCHOOL GRADUATE/GED     ASSOCIATE DEGREE     DOCTORATE DEGREE  
 SOME COLLEGE, NO DEGREE     BACHELORS DEGREE

**ETHNIC ORIGIN: (OPTIONAL)**

AMERICAN INDIAN/ALASKA NATIVE     HISPANIC/LATINO  
 ASIAN     NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER  
 BLACK/AFRICAN AMERICAN     WHITE

*Schedule and prices are subject to change.*

COURSE TITLE	DATE/TIME	FEE

**COMPANY BILLING** (Payment due upon receipt of invoice)    PO NUMBER \_\_\_\_\_

COMPANY NAME \_\_\_\_\_ BILLING CONTACT PERSON \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CONTACT EMAIL \_\_\_\_\_ CONTACT TELEPHONE ( ) \_\_\_\_\_

I authorize Autry Technology Center to release information about this course and any assessment results to my employer.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## REFUND POLICY—SHORT-TERM PROFESSIONAL DEVELOPMENT COURSES

**Refunds of tuition** will be given only for withdrawals submitted in writing and received prior to the beginning of the second class session.

Allow at least five to seven working days for your **refund** to be processed.

**Full refunds** are available for classes canceled by Autry.

**No refunds** will be given on textbooks or supplies.

**Company withdrawal:** A company is responsible for tuition charges for students enrolled unless they withdraw the employee in writing prior to the first class.

**No refunds** will be given on one-day classes not canceled prior to class.

**WALK IN:** Visit us in person during regular business hours: Adult Career & Development, 1201 West Willow, Enid, OK 73703

**CALL IN:** Have your credit card ready and call 580.242.2750

**ONLINE:** Visit us on the secured server for enrollment at [autrytech.edu](http://autrytech.edu)

**FAX:** Complete the enrollment form, use your credit card and fax it to 580.242.2015

**MAIL IN:** Complete the enrollment form and mail it to: 1201 West Willow, Enid, OK 73703

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Payment is required at time of enrollment

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Book prices normally are included in tuition

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Must be 16 years old to enroll

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10/11/17

## METHOD OF PAYMENT

*Please provide complete information. This information will be destroyed after payment is processed.*

Check enclosed: Payable to Autry     Cash enclosed           

ACCOUNT NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

CVV CODE \_\_\_\_\_

