

Please Print

Schedule and prices are subject to change.

LAST NAME FIRST M.I.

SOCIAL SECURITY NUMBER MALE FEMALE DATE OF BIRTH

STUDENT MAILING ADDRESS

CITY STATE ZIP CODE

() STUDENT PHONE NUMBER STUDENT EMAIL ADDRESS

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
 HIGH SCHOOL GRADUATE/GED
 SOME COLLEGE, NO DEGREE
 TECHNICAL DIPLOMA

ASSOCIATE DEGREE
 BACHELORS DEGREE
 MASTERS DEGREE
 DOCTORATE DEGREE

ETHNIC ORIGIN:

AMERICAN INDIAN/ALASKA NATIVE
 ASIAN
 BLACK/AFRICAN AMERICAN

HISPANIC/LATINO
 NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER
 WHITE

COURSE TITLE	DATE/TIME	FEE

MAIL TO:
AUTRY TECHNOLOGY CENTER
 1201 West Willow
 Enid, OK 73703

PHONE:
 580.242.2750

FAX:
 580.242.2015

ONLINE:
 autrytech.edu

Payment is required at time of enrollment

Book prices normally are included in tuition

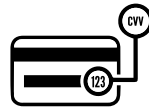
Must be 16 years old to enroll

Refunds of tuition will be given only for withdrawals submitted in writing and received prior to the beginning of the 2nd class session.

METHOD OF PAYMENT

Please provide complete information.

Check enclosed: Payable to Autry Technology Center



CVV CODE

ACCOUNT NUMBER EXPIRATION DATE

BILLING ZIP CODE OF CARD HOLDER

Company Billing (Payment due upon receipt of invoice) PO NUMBER

COMPANY NAME

MAILING ADDRESS

CITY STATE ZIP

BILLING CONTACT PERSON CONTACT EMAIL CONTACT TELEPHONE

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