# Enrollment Form

**Last Name**

**First**

**M.J.**

**Social Security Number / Employee #**

**Gender (Male/Female)**

**Date of Birth**

**Mailing Address**

**City**

**State**

**Zip Code**

**Home Telephone / Cell**

**Work Telephone**

**E-mail Address**

**Employer**

**Is this training sponsored by employer? (Yes) (No)**

## Course Title

**SMALL BUSINESS ACADEMY (CARSON)**

Mar 01, 2016

Tu, Th 6:00pm-8:00pm, Rm BDC-138

## Education: (Check one)

- [ ] Less than a high school degree
- [ ] High school graduate/GED
- [ ] Some College, No degree
- [ ] Technical diploma
- [ ] Associate degree
- [ ] Bachelor degree
- [ ] Masters degree
- [ ] Doctorate degree

## Ethnic Origin:

- [ ] American Indian/Alaska Native
- [ ] Asian
- [ ] Black/African American
- [ ] Hispanic/Latino
- [ ] Native Hawaiian/Other
- [ ] Pacific Islander
- [ ] White

## Why are you interested in this course?

- [ ] Career Exploration
- [ ] Assist in current job
- [ ] Prepare for new Career
- [ ] Personal Growth

### MAIL TO:

AUTRY TECHNOLOGY CENTER  
1201 W. WILLOW  
ENID OK 73703-2598

- Phone: 580-242-2750  
- Fax: 580-242-2756

Online:  
www.autrytech.edu

Payment is requested at time of enrollment

Book prices are normally included in tuition

Must be 16-years-old to enroll

I would prefer not to receive e-mail concerning training opportunities at AUTRY TECHNOLOGY CENTER

### Contact Person

**Contact Telephone**

F4923

**Please Print**