

# KEYTRAIN REGISTRATION® FORM

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# AUTRY TECHNOLOGY CENTER

**Cost \$5**  
*Nonrefundable*

Complete the following information for KeyTrain® registration – **please print**

LAST NAME			FIRST			MI		
			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE			/ /		
SSN						DATE OF BIRTH		
MAILING ADDRESS								
CITY			STATE			ZIP CODE		
( )			( )			( )		
HOME PHONE			WORK PHONE			CELL PHONE		
PROGRAM OF INTEREST								
SIGNATURE						DATE		

**OFFICE USE ONLY**

**CAREER CLUSTER:**

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**TEST DATE**

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

**PHONE:**  
 580.242.2750

**FAX:**  
 580.242.2015





**ONLINE:**  
[autrytech.edu](http://autrytech.edu)

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### METHOD OF PAYMENT

Please provide complete information.

- Check enclosed: Payable to Autry Technology Center
- Cash enclosed

<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	CVV CODE 
ACCOUNT NUMBER	EXPIRATION DATE	BILLING ZIP CODE OF CARD HOLDER	
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