

NAME \_\_\_\_\_ GENDER:  Male  Female

SOCIAL SECURITY NUMBER XXX - XX - \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

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/  
 BLACK/AFRICAN AMERICAN  OTHER PACIFIC ISLANDER  
 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 Autry Tech training and any assessment results to my employer.

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

## REFUND POLICY—SHORT-TERM 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 Tech.

**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.

## METHOD OF PAYMENT

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

Check enclosed: Payable to Autry Tech  Cash enclosed    CVV CODE \_\_\_\_\_

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

Autry Technology Center does not discriminate on the basis of race, color, sex, pregnancy, gender, national origin, religion, disability, veteran status, sexual orientation, age, or genetic information. Questions or concerns should be directed to the Director of Student Services or the Assistant Superintendent.

Autry Technology Center no discrimina en base a raza, color, género, estado de embarazo, nacionalidad de origen, religión, discapacidad, estado de veterano, orientación sexual, edad o información genética. Las preguntas o inquietudes deben dirigirse al Director de Servicios Estudiantiles o al Asistente del Superintendente.

## FIVE EASY WAYS TO ENROLL



Stop by

**AUTRY TECHNOLOGY CENTER**

1201 W Willow Road  
Enid, OK 73703

Visit us in person during  
regular business hours



Call 580.242.2750

Have your credit card and this catalog  
in hand and give us a call during  
regular business hours to speak  
with an enrollment specialist.



Visit [autrytech.edu](http://autrytech.edu)

More information and complete  
class listings are available.



FAX TO 580.242.2015

Complete the enrollment form,  
use your credit card and fax.



Mail to

**AUTRY TECHNOLOGY CENTER**

1201 W Willow Road  
Enid, OK 73703

Complete the  
enrollment form and mail.

Payment is required at  
time of enrollment

Book prices normally  
are included in tuition

Must be 16 years old  
to enroll