

Date: _____

**SPRING SESSION – 2010
COMMUNITY EDUCATION REGISTRATION FORM
WESTFIELD STATE COLLEGE
577 WESTERN AVE, WESTFIELD, MA 01086-1630**

Last Name First MI Email

Mailing Address City State Zip

Business Phone Cell Phone Home Phone

Course No.	Course Title	Dates	Time	Tuition	Fee	Total
TOTAL						

CHECK No. _____ (Payable to **Westfield State College**)

Note: WSC reserves the right to cancel, combine, or divide classes; to change the time, date, or place of meeting; and to make other revisions in these courses.

___ Mastercard ___ Visa ___ Discover ___ AMEX *

Expiration Date _____ CVV # _____ Billing Zip Code _____
(last 3 digits on back of card)*

Credit Card No.

Name on Card/Signature

Date