Administrative Use Only:
nFocus ID: _____
Course ID: _____

Spanish Classes for Professionals
Course Registration

Date: _____

Basic Information:

Last Name(s): _____ First Name: _____

Address: _____

_____
Street (#/Name) City State Zip Code

Phone Number (Primary): _____ (Cell / Land line)

Phone Number (Secondary): _____ (Cell / Land line)

Email:_____

Emergency Contact: _____ (Cell / Land line)

Demographic Information:

Gender: Male / Female

Age: 10-18 19-29 30-39 40-49 50-59

Are you Hispanic? Yes / No

Race:

African American ____
Asian / Pacific Islander ____
Native American ____
Caucasian ____
Other ____

Employment Field:

Healthcare Services_____
Public Service_____
Legal Services_____
Education_____
Other_____

1204 Grandville Ave. SW
Grand Rapids, MI 49506
T: (616)742-0200 – F: (616)742-0205
www.hispanic-center.org

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Photo Release Statement

I agree to allow the Hispanic Center of Western Michigan to use my image and likeness for recognition and promotional materials. I understand that the Hispanic Center of Western Michigan will never use my full name in promotional materials.

Class Cancelation

Emergency Cancellation due to Inclement Weather or other emergencies: Please check TV listing for closures during the winter months. The teacher will reschedule classes to ensure timely completion of course.

Liability Statement

I understand that there are no reimbursements for registration fees after the first session of each course.

- The cost for Spanish Tuition and books are $375 per person. The Hispanic Center does not give out reimbursements after classes have started.
- Reimbursements will be given only if requested one or more weeks before the class begins.
- Attendance is very important. In order to receive a certificate of completion, you may not miss more than two classes.

Payment

Payment must be made in full to hold a place in the program. Payments can be made by check/money order or by credit card.

[ ] Check/Money order: Payable to The Hispanic Center of Western Michigan. In memo area please indicate - Spanish Classes.

[ ] Credit Card:

*** Customer Name:**_____**(as shown on credit card)**

*** Credit Card Number:**_____

*** Expiration Date (MM/YYYY):** _____

*** Credit Card Security Code:** _____
(3 digit #)

Payment must be made no later than **January 16th, 2012**.

_____ _____
Participants Signature Date

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