

Registration Information

Please select classes on reverse side. Complete contact information below and send to:
P.O. Box 2194—Columbus, GA 31902.

Organization Name (as it should appear in consortium program and/or certificate)

Contact Person

Mailing Address

City, State, Zip Code

Main Phone _____ Ext # _____

Contact Person's E-mail _____ Web Site _____

Questions, Comments or Special Requests:

Signature of Authorized Representative

Name Title Date

Payment Information

- Core membership(s) (\$750/membership)
- Associate membership(s) (\$480/membership)
- Nonprofit Management Excellence Series (\$320/person)
- We would like to sign up for ___ classes (\$75/class) w/o a membership

TOTAL _____

Please choose how you would prefer to pay for your organizations consortium membership below:

- Check made payable to Columbus Technical College enclosed
- Send us an invoice
- We would like to pay quarterly. Our first payment is enclosed.
- Call us for credit card information

This registration form must be accompanied by at least a quarterly payment for each membership requested. Registration for classes not in membership requires pre-payment. Full refund of registration fee will be given (minus a \$25 processing charge) until 15 days prior to first registered class. Make checks payable to: Columbus Technical College.