

### Registration Form

Institute of Workforce Training & Professional Development

Kennebec Valley Community College  
92 Western Ave. Fairfield, ME 04937  
Phone (207) 453.5858/5818  
Email: efortin@kvcc.me.edu

Date: \_\_\_\_\_ Semester:    Fall                      Spring                      Summer

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ E-mail: \_\_\_\_\_

Course Number	Cost	Contact Hours	Course Title

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

Payment Method: \_\_\_\_\_

*If paying by credit card, please call the number above with your card information. If paying by check, please make payable to:  
Kennebec Valley Community College and mail to the address above.*

**Demographic Information:**

Are you a Maine Resident?    Y    N                      Sex:    M    F                      Have you attended KVCC before?    Y    N

Ethnic Background (Optional):    Asian    Black    Hispanic    White    American Indian    Multi-racial