



PENINSULA COLLEGE

Automotive Technology

1502 East Lauridsen Boulevard, Port Angeles, Washington 98362
360-417-6542 360-417-6540 tool room 360-417-5696

PRE-REGISTRATION FORM

- PLEASE REGISTER ME FOR:**
- HYBRID TRAIN-THE-TRAINER - \$1,125**
 - PREDICTIVE MAINTENANCE - \$700**
 - HYBRID BATTERY REBUILD - \$475**

PLEASE EMAIL COMPLETED FORM TO MHANSEN@PENCOL.EDU **NO LATER THAN JUNE 1, 2012.** PROGRAM COORDINATOR WILL REGISTER STUDENT BASED ON INFORMATION PROVIDED. FOR QUESTIONS PLEASE CONTACT MIKE HANSEN AT (360) 417-6540 OR THE ABOVE EMAIL ADDRESS.

Name: _____

Address: _____

City: _____ **State:** _____ **Zip** _____

School /Organization: _____

Work Phone: _____ **Home Phone:** _____

E-Mail Address _____

Payment is needed by June 1, 2012. Purchase Orders, VISA and MasterCard are accepted. A full refund is available 30 days, or more, before the first day of class.

Payment Options

- Purchase Order
- Mastercard
- Visa

You will be contacted by the Program Coordinator who will assist you in getting payment made and provide you with more program and travel information. Please do not hesitate to call (contact information above) if you have questions.



EMPLOYER SPONSORSHIP FOR EMPLOYEE TUITION, FEES, BOOKS

Employer Name _____

Employer Contact Name _____

Employer Phone _____ Fax _____

Employer Billing Address _____

We authorize Peninsula College to bill us for the following student's charges:

Student Name _____

Student ID Number _____

or Student Social Security Number _____

Quarter of Attendance _____

We wish to cover the following charges, and have noted any dollar restrictions and/or class and fees limitations:

Tuition and associated mandatory fees

Not to exceed: \$ _____

Other Restrictions/Limitations: _____

Other Fees (such as testing, transcripts, video tape rentals)

Not to exceed: \$ _____

Other Restrictions/Limitations: _____

Bookstore Charges

Not to exceed: \$ _____

Restrictions/Limitations - DO NOT ALLOW THE FOLLOWING PURCHASES:

Supplies Backpack/Bookbag Clothing Snacks

Other: _____

Employer Signature

Date