



Please complete this form and return it:

By Mail: CEI WTCE  
1600 S. 25<sup>th</sup> E.  
Idaho Falls, ID 83404

In Person: CEI Student Affairs  
1600 S. 25<sup>th</sup> E.  
Christofferson Building #3, Room 300  
Idaho Falls, ID 83404

**\*indicates a required field – registration cannot be completed without this information.**

**Please provide your full legal name**

\*Last Name \_\_\_\_\_ \*First Name \_\_\_\_\_ Middle \_\_\_\_\_

\*Date of Birth \_\_\_\_\_  Male  Female \*Email Address \_\_\_\_\_

\*Primary Address \_\_\_\_\_ Social Security: \_\_\_\_\_

\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip Code \_\_\_\_\_ \*Phone \_\_\_\_\_

If billing and primary address is the same, check this box  If not, please complete below.

\*Billing Address \_\_\_\_\_

\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip Code \_\_\_\_\_

Other Phone \_\_\_\_\_ Ethnicity:  Hispanic  Non-Hispanic

Race:  White  Asian  American Indian/Alaskan Native  Black or African American  
 Native Hawaiian/ Pacific Islander

Please tell us how you learned about our classes:  Catalog  Internet  Friend  Other: \_\_\_\_\_

CLASS NAME	DATE(S)	FEE
------------	---------	-----

_____	_____	_____
_____	_____	_____
_____	_____	_____

**TOTAL DUE:** \_\_\_\_\_

Payment:  Check payable to College of Eastern Idaho CK# \_\_\_\_\_  Visa  MasterCard

Discover  American Express CC Number \_\_\_\_\_

Exp. Date \_\_\_\_\_ CVV Code \_\_\_\_\_ Signature \_\_\_\_\_

*Enrollment for Workforce Training and Community Education courses is done on a first-come, first-served basis. If a class is cancelled, or if a class is full when your enrollment is received, your full payment will be returned, or you will receive a voucher good for a future class.*

I meet the minimum course requirements, if any, including age.

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