



Testing Registration Form

Test Date: _____

Test Title: _____

Name (as it will appear on certificate): _____

Social Security Number: _____

Birth Date: _____

Organization: _____

Work Address: _____

Home Address: _____

Telephone: (Work) _____ (Home) _____

Email Address: _____

Payment can be made by cash, check, credit card, voucher or authorization to bill.

Check enclosed payable to: Washington State Community College

Bill my organization at the above address.

Voucher number _____ attached.

Bill my credit card: Visa Mastercard Discover

Credit card # _____ Exp: _____

Authorized Signature: _____

Mail registration form and payment to:

Washington State Community College

Attn: Bobbie Bice

710 Colegate Drive

Marietta, Oh 45750

Phone: 740-568-1918 Ext. 3702

Fax: 740-568-1912

Payment must be received in order to process registration!

Registration must occur four days BEFORE the test date.