

NON-CREDIT REGISTRATION FORM - EACC

(Fees must be paid at the time of registration whether by mail, fax, Internet, or in person)

Name: _____ **Home Phone:** _____ **Other Phone:** _____

Address: _____

E-Mail address: _____

Course Title

Start Date

Fee

Method of Payment: ____ **Check** ____ **Visa** ____ **MasterCard**

Card Number _____ **Signature** _____ **Exp.Date** _____

MAIL TO: East Arkansas Community College
c/o Beth Bridgforth, Director
1700 Newcastle Road
Forrest City, AR 72335

A transferable voucher
will be given for the
amount of the class if you
cancel 48 hours prior to
the start of the class.
*(EACC reserves the right
to cancel any class due to
insufficient enrollment.)*