EMS Course Registration

Name _____

Social Security or IWCC Student #_____

Address _____

City _____ State _____ Zip _____

Phone (h) _____ (w)_____

Credit Card # _____

Card Type (please circle): Visa MasterCard Discover American Express

Exp. Date _____ 3-Digit Code (back)_____

Cardholder Name _____

Billing Address_____

If this course is to be billed to a Department, a letter from the department head, stating financial responsibility will be required BEFORE the course begins.

To register, please fill out and return this form WITH YOUR PAYMENT to:

Iowa Western Community College
Continuing Health Education
2700 College Road
Council Bluffs IA 51503

For more information:
712/325-3256
800/432-5852, ext. 3256
FAX: 712/325-3729

COURSE NUMBER	COURSE NAME	TUITION/FEES