

## COURSE ENROLLMENT FORM

NAME OF COURSE: \_\_\_\_\_ INSTRUCTOR: \_\_\_\_\_

DATE: \_\_\_\_\_ Circle method of payment: Cash Check Bill Employer

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ M \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

The following information is optional: (**required if BILL EMPLOYER is circled**)

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please feel free to email suggestions regarding additional classes & programs you would like our college to consider offering.

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### NEO CONTINUING EDUCATION/COMMUNITY EDUCATION

*Continuing Education Department  
Northeastern Oklahoma A&M College  
200 I Street NE  
Miami, OK 74354  
Phone: 918-540-6204  
Phone: 918-256-8408 (Voicemail only)  
Fax: 918-540-6946  
E-mail: gmanders@neoam.edu*

*Northeastern Oklahoma A&M College  
Grove Higher Education Center  
1201 NEO Loop: P.O. Box 6540  
Grove, OK 74344  
Phone: 918-787-5475  
Fax: 918-787-4150  
E-mail: klstout@neoam.edu*

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Make check payable to: **NEO A & M College**

Name: \_\_\_\_\_

Course Name: \_\_\_\_\_

Date/Day/Time of Course: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ By: Check Cash Bill Employer

Instructor or Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_ *Use this portion as your receipt.*

Note: Please download the *specified* enrollment form for our Continuing Education *Webcourses*. Downloading this form does not guarantee enrollment in a class—Continuing Education Department has maximum enrollment numbers in our classes so **enroll early**.