



COMMUNITY EDUCATION CENTER

Date \_\_\_\_\_

**Bill to:** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Student Name (if different):** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

I am Enrolling in (Initial one)	Program Title	Start Date	Program Fee
	<b>Intermediate to Paramedic Transition Program Non-Credit</b>		\$2800
	<b>RN to Paramedic Transition Program Non-Credit</b>		\$2800

Approved for Registration by:

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

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

\_\_\_ Cash \_\_\_ Check (# \_\_\_\_\_), payable to Western Colorado Community College (WCCC)

\_\_\_ Visa \_\_\_ MasterCard \_\_\_ Discover \_\_\_ Amex (call 970-255-2800 or stop by to pay with credit)

Office Use Only:

Employee \_\_\_\_\_

Order # \_\_\_\_\_