



ECONOMIC DEVELOPMENT SERVICES
900 SOUTH GEORGIA TECH PARKWAY
AMERICUS GA 31709-8167
PHONE 229-931-2040
FAX 229-931-2797
www.southgatech.edu

SHORT TERM REGISTRATION FORM

TODAY'S DATE _____

COURSE _____

CLASS DATE(S) _____

NAME _____

BIRTHDATE _____

MALE FEMALE RACE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

COUNTY _____ PHONE _____

Email Address _____

US CITIZEN YES_____ NO_____

FEE \$ _____

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To be completed by SGTC Personnel:

Paid by cash _____ Check # _____ Money Order _____

Credit Card _____ Exp Date _____

Bill fee to: (Approval required)

Company name _____

Address _____