

# MCAD Continuing Education/ Registration Form

Payment to MCAD for tuition must accompany this form.  
Please read the refund and cancellation policies online at [mcad.edu/continue](http://mcad.edu/continue).



Student Name \_\_\_\_\_ DOB \_\_\_\_\_

Parent/Guardian Name (Kids/Teens) \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

MIA/Walker/MPR member number \_\_\_\_\_

Class Title	Class #	Tuition	Fees	Coupon Code	Discount	Total

Name on Credit Card \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

\* Billing Address (if different from above) \_\_\_\_\_

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