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**NOTE UNTIL FURTHER NOTICE  
REGISTRATIONS NEED TO BE  
EMAILED**

**Email Address:**

commed@smc.edu

# SMC COMMUNITY EDUCATION REGISTRATION FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, & Zip \_\_\_\_\_

Day Phone \_\_\_\_\_

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

**Credit or Debit Card Information (All major credit cards accepted)**

Credit Card No.	CVV No.	Exp. Date
Name of Card Holder		Signature

**SIGN ME UP FOR THESE CLASSES:**

Class \_\_\_\_\_ Date \_\_\_\_\_ Fee \$\_\_\_\_\_

Class \_\_\_\_\_ Date \_\_\_\_\_ Fee \$\_\_\_\_\_

Class \_\_\_\_\_ Date \_\_\_\_\_ Fee \$\_\_\_\_\_

Total amount to be charge \_\_\_\_\_ \*Total Fee \$\_\_\_\_\_

*(Total field will auto calculate if filled out in PDF,  
otherwise print and write in total value)*

**\*Please note, a \$9 registration fee will be charged once each semester.**

All information must be completed correctly and in full to guarantee enrollment;  
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