



ENROLLMENT FORM

School Code 3651

Course Name: Prelicense Course	Course Date:
Course Code: 42581	
Location: _____ Macon _____ Warner Robins (CHECK ONE)	

Student Name: _____

Address: _____

Telephone Number: (home) _____ (work) _____

(cell) _____ (pager) _____

Email Address: _____

No refunds are given after purchasing the course. Tuition can be transferred to a later course date, if changed before class starts. A \$50 service fee will be assessed for any returned checks. MGARE accepts cash, check or money order for payment; credit cards are accepted on-line at www.mgare.org.

Please mail or drop off enrollment form to the following:

MGARE
Attention: Dorothy Mitchell
Office location: 4885 Riverside Drive, Suite 125
Macon, GA 31210

CLASS LOCATION:
3263 VINEVILLE AVENUE
MACON, GA 31204

Office use only:

Course Code: 42581 **Instructor:** _____

Course Fee \$ 530 **In-class - \$400 Online** **Amount Paid** \$ _____ **Date Paid** _____

Cash _____ **Check #** _____ **Money Order** _____ **Online** _____