

## Registration Procedures for Continuing Education

**Telephone:** Call 409-880-8114 from 8:15 a.m. to 4:30 p.m., Monday through Friday to register using VISA, MasterCard, Discover, or American Express.

**Fax:** Fax the completed Continuing Education Application with the number of your VISA, MasterCard, Discover or American Express noted to 409-839-2910.

**In person:** Come to 855 East Lavaca, Technical Center Bldg. Room 110. Monday to Friday, 8:15 a.m. to 4:30 p.m., fill out the application form then make payment at the Cashier's Office.

**By mail:** Complete and send the Application Form with your payment (check, money order or credit card) at least one week before the class begins to:  
**LIT—Workforce Training Department**  
**P.O. Box 10043**  
**Beaumont, TX 77710**

Your Social Security number must be included on the Application Form.  
Your registration will not be complete until all fees are paid.

## Continuing Education Refund Policy

Registration fees will be refunded **in full** (except notebooks and/or materials' cost) when the class is:

- full
- canceled by our office
- a one-day course and cancellation notification is received at least **24 hours** prior to the date of the course

A **partial refund** of 70% will be awarded if requested prior to census date for classes over one day.

**No refund** will be awarded after the census date. All courses require a minimum enrollment depending on the type of course. In order to ensure your place in the course, please register early and make certain that fees are paid at the time of your registration.

**All fees and services are subject to change without prior notice**

## LIT — Workforce Training Department Continuing Education Application Form

Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Course Title: \_\_\_\_\_

Cost: \_\_\_\_\_

Number/Section: \_\_\_\_\_

Starting Date: \_\_\_\_\_

Check or Money Order enclosed \$ \_\_\_\_\_

Please charge to: Visa ☐ Mastercard ☐ Discover ☐ American Express ☐

Number: \_\_\_\_\_

Expires: \_\_\_\_\_

Signature: \_\_\_\_\_

**Questions? Call (409) 880-8114**