

Registration Form

Training Location:

WSWHE BOCES - Saratoga

Name: _____

Address: _____

City/State/Zip: _____

Day Phone: _____

Evening Phone: _____

Email Address: _____

Please make checks payable to WSWHE BOCES

MasterCard Visa Discover

To register by credit card:

Card #: _____

Expiration Date: _____

Cardholder's Name: _____

Cardholder's Signature: _____

Please answer the following question to complete your registration:

- I have a high school diploma or equivalent (GED).
- I have basic computer skills (an understanding of Windows applications and the Web).



Attention: Linda Ernst
WSWHE BOCES Adult Continuing Education
27 Gick Road, Saratoga Springs, NY 12866



Phone: 746-3523 or 581-3555

Scholarships may be available for qualified individuals through your local One Stop Career Center.

For a listing of the One Stop Career Centers in the greater Capital Region, please visit the WSWHE BOCES Adult Education web page at www.wswheboces.org/AdultEducation.cfm.