Education Department
617 Liberty, PO Box 512, Clay Center, KS 67432
www.ccmcks.org | 785-632-3929, Ext. 254

REGISTRATION FORM

Please use a registration form and payment for each course.
Please make checks payable to Clay County Medical Center.

Name: _____

Address: _____

Home Phone: _____ **Cell Phone:** _____ **E-mail:** _____

Employer/CCMC Department: _____

COURSE TITLE		
DATE		
	NON-EMPLOYEE FEE	
	CCMC EMPLOYEE FEE	
	TEXTBOOK	
	OTHER	
	TOTAL	**$**

Employee Fee: CCMC Employee Fee refundable upon course completion. PRN employee's fees will be paid according to CCMC policy. When a course is offered at Clay County Medical Center, and an employee chooses to go off-campus, all costs will be at their personal expense. Additionally, the registration process is also the employee's responsibility.

Cancellation Policy: Clay County Medical Center reserves the right to cancel offerings due to insufficient enrollment and/or instructor illness or emergency. Should a cancellation occur, you will be notified by phone and receive a full refund.
If the employee does not cancel 30 days prior to class or does not have an excused absence the payroll deduction policy will go into effect and be a payroll deduct.

Cancellation (Non CCMC Participants): Registrants who do not cancel their registration 72hrs prior to class or fail to attend with an excused absence, will forfeit their fee.

Payment to include total of all fees listed for each course.

Payment Type: ☐ Check ☐ Visa ☐ MasterCard ☐ Discover

Card #: _____ **Expiration Date:** _____

Name on card: _____ **Billing Zip Code:** _____

Signature: _____ Date: _____