CENTRAL MAINE MEDICAL CENTER
COLLEGE OF NURSING AND HEALTH PROFESSIONS
70 Middle Street, Lewiston, ME 04240

REGISTRATION FORM
SUMMER 2010 GENERAL EDUCATION COURSES

Name:_____
(Last) (First) (Middle) (Maiden)

Mailing Address:_____
(Street or PO Box) (City) (State) (Zip)

Telephone:_____ E-mail;_____

Birth Date:_____ Sex: M_____ F_____ Social Security #_____

PERSON TO NOTIFY IN CASE OF AN EMERGENCY:

_____
(Name and Address)

_____ _____
(Telephone) (Relationship to you)

☑	Course	Credits
☐	BIO 213 Microbiology	4
☐	PHM 102 Pharmacology Fundamentals	3

Total Credits: _____ x $182 = $_____
Add $50 lab fee for BIO 213 + _____
Add $25 registration fee (not required of current CMMC CON nursing students) + _____
Add technology fee ($50 for 3 credits OR $100 for 4 or more credits, not required of current CMMC CON nsg. students) + _____
TOTAL: $ _____

PAYMENT OPTIONS:
_____Check enclosed (made payable to CMMC College of Nursing)
_____Credit/Debit: VISA___ MasterCard___ Card Number_____
Exp. Date_____ CVV Code_____ Print Card Holder's Name_____
Card Holder's Signature_____ Date_____
_____Bill me (I understand that all costs must be paid in full prior to the first class)
_____Payroll Deduction (CMHC Employees only)

- Submit this form to Asst. Registrar, CMMC College of Nursing, 70 Middle St., Lewiston, ME 04240-