

# Levan Institute For Lifelong Learning Course Registration Form

Please Print

First Name:	M.I.	Last Name:
Street Address (City, State, Zip)		
Email Address:	May we have your permission to use your address and email address to send information about future Levan Institute courses and events? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Daytime Phone:	Office Phone:	Mobil Phone:

Course #	Course Name	Start Date	Fee
	<b>Boomer Retirement Planning</b>		
Circle Day:	Thursday          Saturday		
			<b>Total</b>

**Mail to:** Levan Institute for Lifelong Learning  
 Bakersfield College  
 1801 Panorama Drive  
 Bakersfield, CA 93305

**Payment method:** If paying by credit card, you must include your billing address above in order to complete your registration. **Make checks payable to: Bakersfield College Levan Institute**

Check |
 Credit Card:
  Visa
  Master Card
  Discover
  American Express

Account number: \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

CCV Code (3 digit number on back of card) \_\_\_\_\_ Authorization amount: \$ \_\_\_\_\_

Name of cardholder : \_\_\_\_\_

(As it appears on the credit card)

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

(Must be signed)