

Northeastern Regional Bible College

Course/Seminar Registration Form

TITLE OF COURSE/SEMINAR: _____

COURSE/SEMINAR NO. _____

DATE OF COURSE/SEMINAR: _____

TOTAL NUMBER CONTACT HOURS: _____

(PLEASE PRINT)		
First Name:		Last Name:
Address:		City & State:
		Zip:
Phone #:	Cell:	Email:
Registration - Check Appropriate Box:		
<input type="checkbox"/> I am requesting 3 college credit hours		
<input type="checkbox"/> I am not interested in receiving college credit hours		
 <input type="checkbox"/> I would like to learn more about Northeastern Regional Bible College. Please contact me.		
Best time to contact me: <input type="checkbox"/> During the day; <input type="checkbox"/> After 6:00 PM; <input type="checkbox"/> Other _____		
Signature: _____		
Please return this form along with your payment to:		
Northeastern Regional Bible College		
P.O. Box 1309		
Oxford, NC 27565		
Ph: 919-690-1982 or 919-847-8274		
Fax: 919-690-1824 or 919-847-2813		
Email: info@nrbcollge.org		