



MARITIME INSTITUTE INC.

Course Registration Form

COURSE TITLE _____

COURSE LOCATION _____ START DATE _____

NAME _____

***FULL LEGAL NAME*

ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE NUMBER _____

SOCIAL SECURITY NUMBER LAST FOUR DIGITS ONLY _____

E-MAIL ADDRESS _____

**** COAST GUARD REQUIREMENTS:** *The U.S.C.G. requires that we keep student records. A copy of a photo ID, your full legal name and the last four digits social security number are part of that required paperwork.*

PAYMENT

If you are paying by check or money order please mail this completed form with your payment to the address below. If you would like to pay by credit card you may FAX this form or call our office with your credit card information.

We accept Visa, MasterCard, Discover and American Express

type of card

credit card number

exp. mo/yr

Reminder: Be sure to include payment for any materials you want sent with the course book

amount to be charged

Name and address of cardholder (if different from above)

We require payment of the registration fee to be paid to confirm your place in the course. Once we receive your payment, you will receive a confirmation of your registration and any course materials that are included with the registration fee.

MARITIME INSTITUTE INC.

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