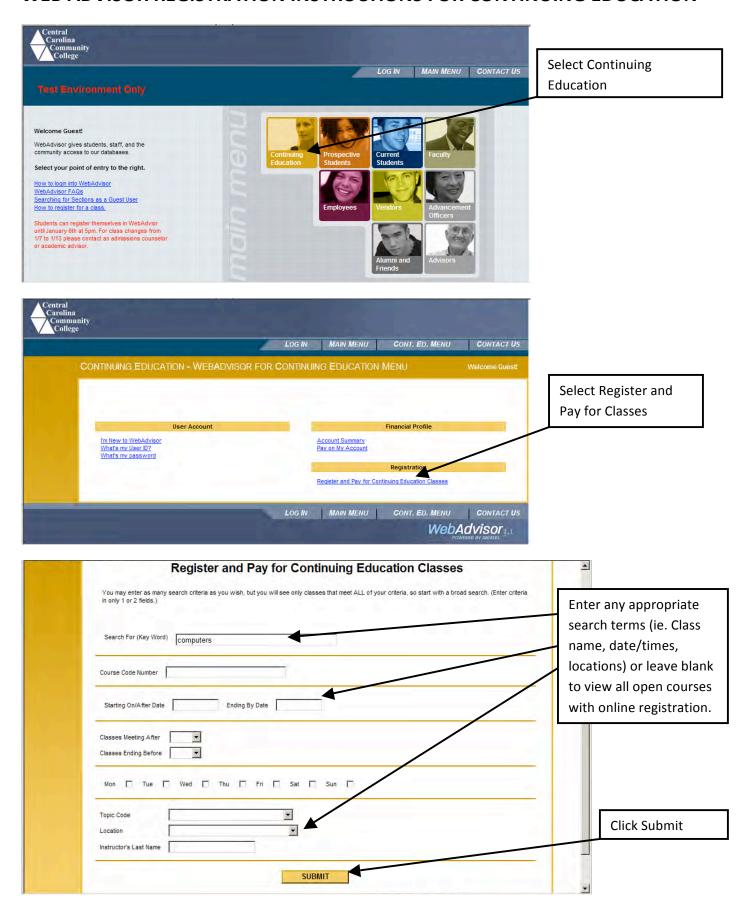
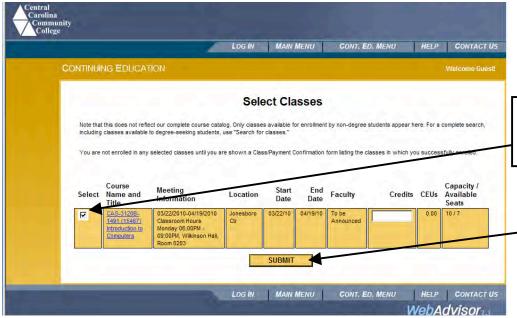
WEB ADVISOR REGISTRATION INSTRUCTIONS FOR CONTINUING EDUCATION





Use the check box to select the course(s) that you wish to take

Click Submit

		Personal Identification
(we do not sell your infe	rmation to mass ma	or, we need to identify who you are before we can register you. Please provide as much information as possible arketers). If you do not wish to provide at least the minimum required information, you will need to contact our yo Continuing Education or non-degree classes.
Check the certification b	ox at the bottom of	the form before submitting your information.
Note: If you have previo	usly provided infor	mation to the institution, entering different information on this form will not update any existing records.
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Prefix	Mr.	<u>·</u>
First Name* Ben	ı	Middle Name Last Name* Affleck
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E-mail Address*	jsilfies@cc	cc.edu
Mailing Address Line 1*	998 Whistli	ing Wind
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YV T	anford	ss#∗ North Carolina zlp∗ 27332
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Enter your personal information in all required

If you are a past or current student, your information must match the information in our data system to allow online registration.

Completing this form will not update your data. If you have recently moved or would like to update your contact information, please call 919-718-7500.

Check the box to certify your personal information.

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