

# REGISTRATION FORM

SECTION ONE - REQUIRED	Last Name _____ Prior Last Name _____ First Name _____ Middle Name _____			
	Mailing Address _____			
	City _____		State _____ Zip _____	
	Phone Number _____ SS#: _____ OR Student ID: @00 _____ (Social Security Number *first-time student only) (Required if SS# is not provided)			
	Preferred e-mail address: _____ Date of Birth: _____ Have you attended CVTC at any of our locations before? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If you answered "No", please complete Section 2 and 3. If you answered "Yes", you may skip to Section 3.</i>			
SECTION TWO	Sex: <input type="checkbox"/> M <input type="checkbox"/> F U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township _____ County you reside in: _____ <input type="checkbox"/> HS Graduate <input type="checkbox"/> GED <input type="checkbox"/> HSED Date Completed: _____			
	Last High School Attended _____		High School City _____ State _____ Zip _____	
SECTION THREE	Course Title		Nine-Digit Course Number or CRN (Required)	
	ACLS Provider Course		CRN 80034	
			Course Cost	
			Start Date	
			\$250 10-29-2009	
<b>NOTE: We require either the CRN <u>or</u> the complete nine-digit course number.</b>				
Payment Options: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Authorization Attached <input type="checkbox"/> Other _____ Credit/Debit Card No.: ____/____/____/____ Card Type: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover Expiration Date: ____/____				
OPTIONAL	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> White, Not of Hispanic Origin <input type="checkbox"/> Other			
	Employer Information (to contact during work hours):			
	Employer Name: _____		Employer Phone No.: _____	
Employer Address: _____		Date: _____		

CVTC Fax No.: 715-232-2129 • Attention: Jeannie Krig E-mail: jkrig@cvtc.edu  
 Mailing Address: CVTC • Attention: Jeannie Krig • 403 Technology Drive • Menomonie, WI 54751

Signature: \_\_\_\_\_ Date: \_\_\_\_\_