

REGISTRATION FORM

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| SECTION ONE - REQUIRED | Last Name _____ Prior Last Name _____ First Name _____ Middle Name _____ | | | |
| | Mailing Address _____ | | | |
| | City _____ | | State _____ | Zip _____ |
| | Phone Number _____ | | SS# _____ OR Student ID: @00 _____ | (Required if SS# is not provided) |
| | <p>*NOTE: Your Social Security Number is kept secure and not shared with any other parties.</p> <p>Have you attended CVTC at any of our locations before? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answered "No", complete Section 2 and 3. If you answered "Yes", you may skip to Section 3.</p> | | | |
| SECTION TWO | Sex: <input type="checkbox"/> M <input type="checkbox"/> F U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No DOB: _____ | | | |
| | <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) | Course Cost | Start Date |
| | ACLS Renewal Course | 90181 | \$150 | 5/11/10 |
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| NOTE: We require either the CRN or the complete nine-digit course number. | | | | |
| 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: _____ | |

Signature: _____ Date: _____