Chippewa Valley Technical College

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)

***NOTE: Your Social Security Number is kept secure and not shared with any other parties.**

Preferred e-mail address: _____

Date of Birth: _____ Have you attended CVTC at any of our locations before? ☐Yes ☐No

If you answered "No", please complete Section 2 and 3. If you answered "Yes", you may skip to Section 3.

SECTION TWO

Sex: ☐M ☐F U.S. Citizen: ☐Yes ☐No

☐City ☐Village ☐Township _____ County you reside in: _____

☐HS Graduate ☐GED ☐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
Adv Level Leadership– Ells. Chamber	**CRN 90771**	**$125.00**	**3/25/10**
	Meets: March 25, April 1 and April 8		
	2-4PM at the Hancock Lodge #229		

NOTE: We require either the CRN or the complete nine-digit course number.

Payment Options: ☐Cash ☐Check ☐Authorization Attached ☐Other _____

Credit/Debit Card No.: _____/_____/_____/_____

Card Type: ☐VISA ☐MasterCard ☐Discover Expiration Date: _____ /_____

OPTIONAL

☐American Indian/Alaskan Native ☐Black ☐Asian ☐Pacific Islander ☐Hispanic ☐White, Not of Hispanic Origin ☐Other

Employer Information (to contact during work hours):

Employer Name:_____ Employer Phone No.:_____

Employer Address:_____ Date:_____

Three convenient ways to register. Payment is required at the time you register.
Make checks payable to Chippewa Valley Technical College
*Phone to: Dawn Kerr at CVTC in River Falls: (715) 426-8201
*Mail in: Dawn Kerr, CVTC River Falls, 500 S. Wasson Lane, River Falls, WI 54022
*Fax to: Registration (715) 425-3310
For specific information regarding this Leadership Training Series, please contact Laurie Cox at the Ellsworth Chamber office, (715) 273-6442

Signature: _____ Date: _____