

07/C1

CHESAPEAKE COLLEGE
REGISTRATION FORM
Continuing Education & Workforce Training

CONTRACT
The Learning Connection, Inc.
12 West Dover Street
Easton, MD 21601
Beverly Rohman

(INFORMATION MUST BE COMPLETED TO PROCESS REGISTRATION)

Social Security No: _____ Home Phone: _____ Work: _____

Name: _____
Last First Middle

Address: _____
Street City State Zip

P. O. Box _____
(Mailing Purposes Only)

Date of Birth: _____ Sex: F M

Senior Citizen: Yes No
(60 or Older)

Racial/Ethnic Origin:
01 Hispanic/Latino
02 Black/African American
03 American Indian/Alaska Native
04 Asian (Pacific Islander)
05 White
06 Foreign (International Student/Non-Resident Alien)
07 Unknown

I certify that I am a legal resident of _____, County, Maryland.

Student Signature

Date

"FOCUS ON ADD"
September 20, 2007

CheckOne Dept. No. Section

- CEI 642 XTA Pre-Register by September 18, 2007
- CEI 642 XTB Pre-Register by September 18, 2007 (includes Soc Work & Psych CEUs)

After September 18, 2007

- CEI 642 XTC Register at the Door
- CEI 642 XTD Register at the Door (includes Soc Work & Psych CEUs)



Chesapeake College is an equal opportunity institution.