

# Orchard Care Seminar

## January 21, 2012

9:00 a.m. to 12:20 p.m.,

McLoughlin Auditorium, Oregon City Campus

Learn about important winter care of fruit bearing plants. Half-day seminar will feature local experts covering a variety of fruit growing techniques. Visit the Home Orchard Society website after January 1, 2012 for a list of speakers.

[www.homeorchardsociety.org](http://www.homeorchardsociety.org)

Co-sponsored by the Home Orchard Society. Fee \$15

Campus Map: <http://www.clackamas.cc.or.us/documents/campusmap.pdf>

Questions? Call Loretta at 503-594-3292. Pre-registration required.



### QUICK ENTRY REGISTRATION FORM 2011-2012

Social Security # **or** Student I.D.# \_\_\_\_\_ Birthdate \* \_\_\_\_\_ Today's Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Previous names

Mailing address \_\_\_\_\_  
Street City State County Zip

Telephone \_\_\_\_\_  
Home Work

High school attended \_\_\_\_\_  
Name Location Graduation Date

SUMMER  FALL  
 WINTER  SPRING

Providing your Social Security Number (SSN) is voluntary. If you provide it, the college will use your SSN for keeping records, doing research, aggregate reporting, extending credit and collecting debts. Your SSN will not be given to the general public. If you choose not to provide your SSN, you will not be denied any rights as a student. Providing your Social Security Number means that you consent to the use of the number in the manner described.

\* If you're under 18, additional permissions may be required before you can register for classes.

**Gender**  Male  Female

**Ethnicity**  Hispanic or Latino  Not Hispanic or Latino

**Race** (Choose all that apply)  American Indian/Alaska Native  Asian  
 Black or African America  Native Hawaiian or other Pacific Islander  White

**Residency/Student Type** (Required for tuition purposes)

**In State** (US citizen or permanent resident of Oregon, CA, ID, WA, or NV 90 days prior to first day of class.)  Immigrant  Refugee  Other

**Out of State**  
 US citizen and permanent resident outside of Oregon, CA, ID, WA, NV  
 International visitor (B, J, H or other nonstudent Visa)  
 International student (requires I-20)

**Intended Academic Program**  
 Program Code/Title \_\_\_\_\_

**Previous College Attendance**  
 Yes  No  
 Name of School \_\_\_\_\_

**Reason for Enrolling**

Transfer classes  Reading/writing/math skills  
 Learn job skills  Learn English language  
 Update job skills  Personal interest  
 High school completion/GED  Other  
 Explore career/academics

Crs. Reg.#	Section No./Course Title	Credits/CEU	Time	M	T	W	Th	F	S	Room	Start Date	Crs. Fee/Tuition
220545	HOR-008-10 Orchard Care Seminar	0	9:00am-12:20pm						x	McL Aud	1/21/12	\$15.00

**Payment by:**

VISA/Mastercard/Discover  Check  Cash  Other

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Name on card \_\_\_\_\_  
 Signature \_\_\_\_\_

**FAX to: 503-722-5864 or Mail to:  
 Registrar, Clackamas Community College  
 19600 Molalla Avenue  
 Oregon City, OR 97045-7998**

A registration confirmation will not be mailed. Please verify your enrollment by going to [cougartrax@clackamas.edu](mailto:cougartrax@clackamas.edu)