

CROSS CONNECTION CONTROL TESTER RETRAIN/RECERTIFICATION CLASS

Oregon Health Authority Approved

ATTENTION!! To avoid a \$15 billing charge please **MAKE SURE THAT THIS FORM DOES NOT BECOME SEPARATED FROM YOUR PAYMENT.**
Thank you!

PREREGISTRATION IS REQUIRED!!

COURSE: **WQT 009-51 Two-Day Tester Retrain/Recertification (1.2 CEUs)**

DATES: November 18-19, 2010

TIME: 8 am - 3 pm

LOCATION: Clackamas Community College
Oregon City, Oregon

COST: \$170.00

Please Note: There is a \$15 service charge for purchase orders.

(REFUND POLICY: A full refund will be granted for all withdrawals requested for a class scheduled to meet one week or less if the refund is requested PRIOR to the beginning of the class.)

Make checks payable to:

Clackamas Community College - (attach this form to payment)

Attn: Registrar

-OR-

Fax with credit card information

19600 S. Molalla Avenue

to: 503-722-5864

Oregon City, OR 97045

For further information, call 503-594-3345. A letter of confirmation will be mailed to you prior to the start of the class.



QUICK ENTRY REGISTRATION FORM 2010-2011

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
201225	WQT-009-52/Two-Day Tester Renewal	1.2 ceu	8 am	x	x	x	x			T150	11/18/10	\$170

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