

CROSS CONNECTION CONTROL Specialist Update Course

Oregon Health Authority Approved

PREREGISTRATION IS REQUIRED

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

COURSE: WQT 009-21 Cross Connection Specialist Renewal (.6 CEUs)

DATES: October 29, 2010

TIME: 8 am – 3 pm

LOCATION: Clackamas Community College
Oregon City, Oregon

COST: \$85.00

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 to:

19600 S. Molalla Avenue

503-722-5864

Oregon City, OR 97045

For further information, call 657-6958, extension 2388. 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
201227	WQT-009-21/1-day Specialist Renewal	.6 ceu	8 am					x		T150	10/29/10	\$ 85

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 cougatrx@clackamas.edu

Clackamas Community College does not discriminate on the basis of race, color, religion, gender, sexual orientation, marital status, age, national origin/ancestry, disability, family relationship or any other protected status in accordance with applicable law. The College's commitment to nondiscrimination applies to curriculum activity and all aspects of operation of the College.