

CROSS CONNECTION CONTROL TESTER RETRAIN/RECERTIFICATION CLASS

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 009-52 Two-Day Tester Retrain/Recertification (1.2 CEUs)**

DATES: February 16-17, 2012

TIME: 8 am – 4 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
19600 S. Molalla Avenue
Oregon City, OR 97045

-OR-

Fax with credit card information
to: 503-722-5864

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 009 -2010

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 is voluntary. If you provide it, the college will use your Social Security number for keeping records, doing research, aggregate reporting, extending credit and collecting debts. Your Social Security number will not be given to the general public. If you choose not to provide your Social Security number, you will not be denied any rights as a student. Please read the statement in the Schedule of Classes which describes how your number will be used. 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 American Indian/Alaska Native Asian/Pacific Islander

Black/Non-Hispanic Hispanic White/Non-Hispanic

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

Learn job skills

Update job skills

High school completion/GED

Explore career/academics

Reading/writing/math skills

Learn English language

Personal interest

Other _____

Crs. Reg.#	Section No./Course Title	Credits/CEU	Time	M	T	W	Th	F	S	Room	Start Date	Crs. Fee/Tuition
218616	WET-009-52/2 DAY TESTER RENEWAL	1.2 ceu	8 AM					x		T150	2/16/12	\$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

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.