

# REGISTRATION FORM

## As a convenience, you can register online at [www.ccwatraining.org](http://www.ccwatraining.org).

Registration reserves a position in the scheduled class(es) and obligates the individual or employer to pay the advertised tuition/fees. Refunds will be allowed if student or employer submits a written cancellation request to [trainer@ccwa.vccs.edu](mailto:trainer@ccwa.vccs.edu) at least 5 business days prior to the beginning of class. Failure to cancel at least 5 business (M-F) days prior to the start of the class will result in the individual or employer being charged full tuition/fees invoicing for the reserved space.

Have you ever attended or been employed by a Virginia community college?  Yes  No If yes, please provide your EMPLID: \_\_\_\_\_

Name. Last: \_\_\_\_\_ Maiden name: \_\_\_\_\_ First: \_\_\_\_\_ Full middle: \_\_\_\_\_

Date of Birth: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ Gender:  Male  Female

E-mail address: \_\_\_\_\_ Home phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Home address. Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

City or country of residence: \_\_\_\_\_

Business name: \_\_\_\_\_

Business phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_, extension: \_\_\_\_\_ Business fax: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Business address. Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### How did you find out about CCWA?

- |                                                                                  |                                                 |
|----------------------------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Employer (Name of Employer: _____)                      | <input type="checkbox"/> Advertising/news media |
| <input type="checkbox"/> Professional Organization (Name of Organization: _____) | <input type="checkbox"/> Previous CCWA student  |
| <input type="checkbox"/> Trade show (Name of Event: _____)                       | <input type="checkbox"/> Word of mouth          |
| <input type="checkbox"/> Catalog on Display (Location: _____)                    |                                                 |

### Please enroll me in the following Community College Workforce Alliance class(es):

Course Number	Section Number	Course Title	Date (s)	Location / Room	Cost
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

### Payment Information

Check (make payable to CCWA) Reference Code (when applicable): \_\_\_\_\_

Billing-authorization letter and/or purchase order. Please include a copy with registration. Purchase order number here: \_\_\_\_\_

Credit Card.\*  Visa  MasterCard. Bank card #: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Card holder's name (please print): \_\_\_\_\_

Please note: When using a credit card, your statement will display JTCC as recipient of the transaction.

Agency / corporate card?  Yes  No Employer name: \_\_\_\_\_ EIN no: \_\_\_\_\_