

ENROLLMENT FORM

CONTACT INFORMATION

Name: _____ Date: _____

Organization: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email Address: _____

REGISTRATION

I would like to enroll as a student seeking academic credit

Student ID #: _____

I would like to enroll as a noncredit participant

VOLUNTARY INFORMATION COLLECTED TO ENHANCE OUR PROGRAMMING



Gender:

Male Female

Age:

Under 18 18-34 35-49
 50-64 65+

Heritage:

Black Hispanic Asian/Pac. Islander
 White Am. Indian or Alaskan Native

Occupation:

<input type="checkbox"/> Agriculture/Forestry	<input type="checkbox"/> Public Administration/Government
<input type="checkbox"/> Educational Services	<input type="checkbox"/> Retail Trade
<input type="checkbox"/> Engineering, Architecture, Surveying	<input type="checkbox"/> Social, Recreational, Religious Services
<input type="checkbox"/> Finance, Insurance, Real Estate	<input type="checkbox"/> Transportation, Communication, Utilities
<input type="checkbox"/> Health Services	<input type="checkbox"/> Wholesale Trade
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Other _____
<input type="checkbox"/> Protective Services	