REGISTRATION FORM

As a convenience, you can register online at 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 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?

❑ Employer (Name of Employer: _____)
❑ Professional Organization (Name of Organization: _____)
❑ Trade show (Name of Event: _____)
❑ Catalog on Display (Location: _____)
❑ Advertising/news media
❑ Previous CCWA student
❑ Word of mouth

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: _____