



SEMINAR/WORKSHOP REGISTRATION

Registration Information: Registration can be made by telephoning the Lakeshore College Registration Desk at 1.920.693.1366; or by Emailing form to registration@gotoltc.edu, or mailing the registration form to Lakeshore College Registration, 1290 North Ave., Cleveland, WI 53015-1414, or by faxing the registration form to 920.693.3561.

PAYMENT OPTIONS:

- Mail check and registration form.
- Bill Company—Purchase Order No. _____

COMPANY NAME _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE (_____) _____

PLEASE SPECIFY:

- Master/Visa Credit Card
- Personal Card
- Company Card

CREDIT CARD NUMBER _____

EXP. DATE ____/____/____

CSV: _____

NAME ON CREDIT CARD _____

Signature to Reference on the Invoice

Signature of Name on Credit Card

Please **Print**

Student I.D. No. (8 digits)	First Name	Middle Name	Last Name
Former Names	Date of Birth	Month	Day
	Year	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Home Address (Street, P.O.)		City	State
			ZIP Code
Home Phone Number:	Cell Phone Number		Other Phone Number
Home Email Address		Other Email Address	
Place of Employment and Address		City	State
			Phone
Place of Employment or Place Where You Volunteer Service and Address		City	State
			Phone
The following information is for state and federal reporting and is confidential.	Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	Economically Disadvantaged <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	Highest Grade of School Completed
	Select any other group or groups that apply to you. <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Disability <input type="checkbox"/> 98 Yes <input type="checkbox"/> 99 No	Displaced Homemaker <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
	Work Status at Enrollment: <input type="checkbox"/> 01 Employed, Full Time <input type="checkbox"/> 02 Employed, Part Time <input type="checkbox"/> 03 Underemployed <input type="checkbox"/> 04 Unemployed, Seeking Employment <input type="checkbox"/> 05 Not in Labor Market <input type="checkbox"/> 06 Dislocated Worker	Highest Credential Received <input type="checkbox"/> 01 No Credential <input type="checkbox"/> 02 GED <input type="checkbox"/> 03 HSED <input type="checkbox"/> 04 High School Diploma <input type="checkbox"/> 05 Some College (Postsec.) <input type="checkbox"/> 06 Short-Term Diploma <input type="checkbox"/> 07 One-Year Diploma <input type="checkbox"/> 08 Two-Year Diploma <input type="checkbox"/> 09 Associate Degree <input type="checkbox"/> 10 Associate Degree + Additional Credentials <input type="checkbox"/> 11 Baccalaureate <input type="checkbox"/> 12 More Than Baccalaureate <input type="checkbox"/> 99 Unknown	Veteran <input type="checkbox"/> 1 Receive Education Benefits <input type="checkbox"/> 2 Self-Reporting; Do Not Receive Education Benefits <input type="checkbox"/> 3 No/Not Reported
	Single Parent <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	Age 16-24 W Parent in Military AD <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 No/Not Reported	Foster Care Youth <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> Not Reported
Last High School Attended and State		Date You Will or Did Graduate From High School	

I am a legal resident of: _____ County Town Village City School District _____

U	C	E	Catalog Number	5-Digit Class Number	Class Title	Start Date	Fees

THIS FORM MAY BE DUPLICATED TO ALLOW MULTIPLE REGISTRATIONS.