



MESABI RANGE COMMUNITY AND TECHNICAL COLLEGE
Continuing Education/ Custom Training Registration Form

1001 West Chestnut Street, Virginia, Minnesota 55792
 Call: 218-742-3438 Fax: 218-749-7782

Personal Information:

Name			
Last:	First:	Middle:	Former:
Social Security # : (optional)			
Current Mailing Address:		City:	State: Zip Code:
Permanent Address if different from above:		City:	State: Zip Code:
Home phone:	Cell and/or Business phone:		E-mail Address:
Are you a resident of Minnesota?	Y N	If yes, how long?	If no, what state are you a resident of?
Are you a U.S. citizen?	Y N	Permanent Resident (if applicable)	Refugee Student VISA Other

REQUEST FOR CONFIDENTIAL INFORMATION

Providing the following information is voluntary. This information will assist Minnesota State Colleges and Universities in evaluation student recruitment and retention policies; it will not be used as a basis for admission

Gender: Male Female Are you Hispanic or Latino? (a person of Cuban, Mexican, Puerto Rican, South or Central American Or other Spanish culture, regardless of race)? Y N

Racial background (select one or more)

____ American Indian or Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or community attachment.

____ Black or African American – a person having origins in any of the black racial groups of Africa.

____ Native Hawaiian or Other Pacific Islander – a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

____ Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent.

____ White – a person having origins in any of the original peoples of Europe, the Middle East or North Africa.

REGISTRATION
CDA Training - February 5, 2010 - May 7, 2010
 8:30 AM - 3:00 PM
 COST: \$1,200.00/120 Hours

By completing this form, you have agreed to register for the above named class and are responsible for payment. Refunds are only available with a 24-hour advanced notice.

I understand and acknowledge the above statement. Signature _____

Visa & MasterCard are accepted for payment or a personal check.
 Please complete the information below if you wish to charge your registration to a Visa or MasterCard.

Name as it appears on the credit card: _____ Expiration Date: _____

VISA OR MA STERCARD (circle one)

Credit Card Number: _____

Mesabi Range College is committed to a policy of nondiscrimination in employment and education opportunity. No person shall be discriminated against in the terms and conditions of employment, personnel practices, or access to and participation in, programs, services, and activities with regard to race, sex, color, creed, religion, age, national origin, disability, marital status, status with regard to public assistance, sexual orientation, or membership or activity in a local commission as defined by law. This document is available in alternative formats to individuals with disabilities by calling (218) 744-7471.