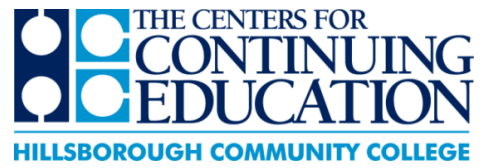


Registration Made Easy as 1, 2, 3, 4



Step 1: Fill Out Your Identification Data

Date: _____ **Date of Birth:** _____ **Gender:** _____
Name: _____ **Company Name:** _____
Home Street Address : _____ **Division/Department:** _____
City: State: Zip _____ **City: State: Zip:** _____
Telephone Number _____ **Business or Daytime Phone:** _____
Email Address: _____ **Nursing License #:** _____

The following information is required by the U.S. Office of Education and may be supplied voluntarily by you.
 White, Non-Hispanic Hispanic African American Asian, Pacific Islander Other

Step 2: Record Your Program Choices


Course #	Location	Program Title	Date(s)	Time(s)	Fees

How did you hear about the Corporate Training Center @ HCC?
 Web Direct Mail Referral Sales Associate Employer

Step 3: Tally Your Fees and Record Your Method of Payment

Check Visa MC Purchase Order Voucher Purchase Order or Voucher # _____
 Account # _____ Expiration Date _____
 Name on Account _____ Signature: _____
 Card Security Code _____
 (Located on the back of the card, usually 3 or 4 digits)

Step 4: Submit Your Registration

 If you require special assistance, check the box and an associate will contact you to discuss your needs

Via Mail: CE @HCC • PO Box 31127 • Tampa, FL 33631-3127
In Person: 39 Columbia Drive • Tampa, FL 33606

Residency Statement Check One: (NOTE: No fee difference will be assessed for non-residents)
 I certify that I have resided in Florida as a permanent resident for the past twelve consecutive months or longer or otherwise meet the residency requirements outlined in the law of the state of Florida. Date of residency: _____
 I have not resided in Florida as a permanent resident for the past twelve consecutive months and I do not meet residency requirements.

I declare under penalty of perjury punishable by law as a misdemeanor under Section 837.06, F.S. the forgoing is true and accurate.

Signature: _____ **Date:** _____