

CLASS INFORMATION:

Assigned Staff: _____

Class ID: _____

Class Name: _____

Class Start Date: _____

REGISTRATION PROFILE:

First Name: _____ Middle Initial: _____ Last Name: _____

Clearly print your name exactly as you would like it to appear on your certificate:

Home Address: _____

City, State, Zip: _____

Phone: _____

Alternate Phone: _____

Email Address: _____

May we include you on our email list: ☐ YES ☐ NO

Employer: _____

Employer Address: _____

Employer City, State, Zip: _____

DATE OF BIRTH*:

____ / ____ / ____
MM DD YY

***DOB is a required field** we use to prevent a duplication of records.

Note: You will receive automated e-mail confirmation for your training event, even if your class has already occurred.

DEMOGRAPHIC INFORMATION:

Gender: ☐ M ☐ F ☐ None Specified

Ethnicity: ☐ American Indian/Alaska Native

☐ Asian/Pacific Islander

☐ Black/Non-Hispanic

☐ Hispanic

☐ White/Non-Hispanic

☐ Other

Circle your highest level of formal education (or indicate if other):

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 Other: _____

Have you attended a class at CNM Workforce Training Center since July 2009? ☐ YES ☐ NO

How did you hear about us?

☐ Advertisement (print, billboard, TV, etc)

☐ Employer

☐ Internet Search

☐ Social Media

☐ From a friend or family member

☐ From a news story

☐ Other? _____

Thank you for filling out this registration form. All CNM records, for both credit and non-credit classes, are maintained in a confidential database in accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA, P.L. 93-380, 512). The questions are for this purpose only; thus, your cooperation in completing this form accurately and completely is greatly appreciated.

FOR CNM USE ONLY:

Profile Created: _____

Class Assigned: _____

Doc Scanned: _____