

LEAD CERTIFICATE PROGRAM * There is a discount for 5+ employees

REGISTRATION FORM

(Please Print or type)

PARTICIPANT INFORMATION													
Participant's First Name:			Last:		Middle Initial:		Preferre	Preferred Name:		Today's Date:			
Is this your legal name? If not, w □ Yes □ No		lf not, wh	hat is your legal name?		Email Address:		<u>.</u>	Birth date:		Age:	Sex: □ M	۵F	
	NO												
Home address:						Social Security # or Hawkeye ID*:			Home phone no.: ()				
City:			State:			Zip:			Cell phone no.:				
Occupation/Job Title:			Employer:				Industry:	Industry:		Years/months in current position:			
Reason for participation (check all that apply):													
□ Personal □ Professional □ Requested by boss □ Desired promotion □ Other													
Skills I hope to obtain:													
PAYMENT INFORMATION (Please fill out the first two rows if different than above information)													
Invoice to (contact name):			Email:			Phone:			Fax	Fax:			
						()			(()			
Title:	Emp	nployer: Ei			Employer address:				City, State, Zip:				
*Please read the following information regarding payment/billing, and check the box once you agree to the terms:			The cost of each program can be paid in full at any time. One statement will be sent at the beginning of the program and the company may choose to pay monthly. No refunds/discounts will be given for unattended sessions, invoice company will owe the full class fee regardless of employment status or number of sessions attended.										
Signature of Participant					Date	Signatur	e for Company	· Approval			Dat	e	
Return form by January 26, 2024 to: Hawkeye Community College Corporate & Business Solutions c/o Marsi Jacobs, Buchanan Hall - Suite 122 P.O. Box 8015 Waterloo, IA 50704-8015													

Email: marsena.jacobs@hawkeyecollege.edu Phone: 319-296-4223

Fax: 319-296-4423

* If you have previously taken a Hawkeye Community College class and do not know your Hawkeye ID, please contact Marsi at 319-296-4223.