

CCC WORKSHOP REGISTRATION FORM

Please Print

Date of Birth	Soc. Sec. No.	Sex M/F	
Last Name	First Name	Middle Initial	
Street	City	State	Zip Code
Telephone	Business Telephone	E-Mail	

Company Name: _____ County _____

CEW No.	Workshop Title	Date	Fees

Please send registration and payment to:

*Continuing Education
 Clinton Community College
 136 Clinton Point Drive
 Plattsburgh, NY 12901*

Please tell us how you heard of this training

- | | |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Employer | <input type="checkbox"/> Flyer |
| <input type="checkbox"/> Co-Worker | <input type="checkbox"/> Brochure |
| <input type="checkbox"/> CCC Website | <input type="checkbox"/> Other _____ |