##

##  CBIS Training Registration Form

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| Company Name: |   | Training Date: |  |
| Training Title:  |   |

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|  |
|  Birthdate: Month Day Year |  Personal Day Phone: |  Personal Cell Phone: |
|  Last Name First Middle |
|  Residence Address, Number & Street, Route & Box or PO City State Zip |
|  Work EMAIL ADDRESS Personal EMAIL ADDRESS |
| * Alaskan Native or Native American (597)
* Chinese (605)
* Vietnamese (629)
* Japanese (611)
* Korean (612)
* Other Asian or Pacific Islander (621)
 |  | * Hispanic (717)
* Mexican, Mexican-American (722)
* White/Caucasian (800)
* African American (870)
 |
| * Other Spanish/Latino (for example: El Salvadorian, Guatemalan, etc)
 |  | * Other Race (specify) (622)
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| Have you taken BBCC or CBIS classes previously? | * YES
 |
| * NO
 |

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| Do you know your student ID #? (Please list here, otherwise ensure all contact info is complete): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Please list all previous personal names you may have registered at BBCC here: |
|  |
| Gender | * MALE
 |
| * FEMALE
 |
| Signature: |  |

(Required)