## 

## 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) | |
| |  |  | | --- | --- | | Have you taken BBCC or CBIS classes previously? | * YES | | * NO | | | | | | | |
| 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)