



Item#: _____
For Office Use Only

CBIS Training Registration Form

Company Name: _____ Training Date: _____

Training Title: _____

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	

- | | |
|--|--|
| <input type="checkbox"/> Alaskan Native or Native American (597) | <input type="checkbox"/> Hispanic (717) |
| <input type="checkbox"/> Chinese (605) | <input type="checkbox"/> Mexican, Mexican-American (722) |
| <input type="checkbox"/> Vietnamese (629) | <input type="checkbox"/> White/Caucasian (800) |
| <input type="checkbox"/> Japanese (611) | <input type="checkbox"/> African American (870) |
| <input type="checkbox"/> Korean (612) | |
| <input type="checkbox"/> Other Asian or Pacific Islander (621) | |
| <input type="checkbox"/> Other Spanish/Latino (for example: El Salvadorian, Guatemalan, etc) | <input type="checkbox"/> 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)