



Continuing Education/Customized Training Registration Form

1001 West Chestnut Street, Virginia, Minnesota 55792

Call: 218-742-3438

Fax: 218-749-7782

I WISH TO REGISTER (NAME OF EVENT OR CLASS): A.C.C.E.P.T.

Date: 12/18/08

Personal Information:

Name							
Last:	First:	Middle:	Former:				
Social Security # : (optional)							
Current Mailing Address:		City:	State:	County:	Zip Code:		
Business/Organization:				Title:			
Home phone:		Cell and/or Business phone:			E-mail Address:		
Are you a resident of Minnesota?		Y	N	If yes, how long?		If no, what state are you a resident of?	
Are you a U.S. citizen?		Y	N	Permanent Resident (if applicable)	Refugee	Student VISA	Other

REQUEST FOR CONFIDENTIAL INFORMATION: Providing the following information is voluntary. This information will assist Minnesota State Colleges and Universities in evaluating student recruitment and retention policies; it will not be used as a basis for admission.

Gender: Male Female Are you Hispanic or Latino? (a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American Or other Spanish culture, regardless of race)? Y N

Race & ethnic background (select any that apply)

____ American Indian or Alaska Native – A person having origins in any of the original peoples of North, or South America and who maintains tribal affiliation or community attachment.
____ Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent

____ Black or African American – a person having origins in any of the black racial groups of Africa
____ Native Hawaiian or Other Pacific Islander – a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
____ White – a person having origins in any of the original peoples of Europe, the Middle East or North Africa

REGISTRATION

A.C.C.E.P.T. – December 18, 2008

Arrowhead Conference on Community Emergency Preparedness and Terrorism

\$89.00 for a full day – lunch included / Limited Seating – Register Early

A \$25.00 fee will be assessed on registrations received after 12/10/08.

Method of Payment: _____ Cash _____ Check _____ Credit Card

Please complete the following if you wish to pay by credit card: _____ VISA or _____ MasterCard

Name (as it appears on your credit card): _____ (please print)

Credit Card Number: _____ Expiration Date: _____

By completing this form, you have agreed to register for the above named event and are responsible for payment.
(Refunds are only available with a 24-hour advanced notice.)

I understand and acknowledge the above statement. Signature: _____

Please mail or drop off your registration and payment to the following address:

Mesabi Range Community & Technical College, Continuing Education
1001 West Chestnut Street, Virginia, MN 55792

To Register by Phone: Call 218/742-3438

Mesabi Range College is committed to a policy of nondiscrimination in employment and education opportunity. No person shall be discriminated against in the terms and conditions of employment, personnel practices, or access to and participation in, programs, services, and activities with regard to race, sex, color, creed, religion, age, national origin, disability, marital status, status with regard to public assistance, sexual orientation, or membership or activity in a local commission as defined by law. This document is available in alternative formats to individuals with disabilities by calling (218) 744-7471.