



## Training Registration Form

**HASC Account Number (if available):** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City, State, Zip:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**LCCC Covid-19 Re-opening: Due to safe distancing guidelines, Pre-registration is required (No walk-in service available at this time)**

**MASKS must be worn in the building at all times**

**Payment Must Be Made In Order to Secure Your Employee's Registration for Training.**

- Credit Card information may be given over the phone by calling Jennifer (618-468-5782) or Dawn (618-468-5785).  
**OR**

**Credit Card Type:**     VISA     MASTERCARD     AMERICAN EXPRESS     DISCOVER

**Card Number:** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_ **VIN#** \_\_\_\_\_

**Name on Card:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

Your signature authorizes the below specified training and for Lewis and Clark to apply the charges for thus training to the given credit card.

Please see our website, [www.lc.edu/HASC\\_satellite](http://www.lc.edu/HASC_satellite), for course listings/codes.

| Training Date Requested: _____ (Use a separate form for each day of training) |            |           |            |             |
|-------------------------------------------------------------------------------|------------|-----------|------------|-------------|
| TRAINEE                                                                       |            |           |            | COURSE      |
| Social Security Number                                                        | Birth Date | Last Name | First Name | Course Code |
|                                                                               |            |           |            |             |
|                                                                               |            |           |            |             |
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|                                                                               |            |           |            |             |

**REGISTRATIONS MUST BE RECEIVED NO LATER THAN 12:00 PM THE DAY PRIOR TO TRAINING.**

**RETURN FORM via Fax 618.468.7514 or Email to [jdriskell@lc.edu](mailto:jdriskell@lc.edu)**