



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 this training to the given credit card.

Please see our website, 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	Last Name	First Name	Course Code

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