

CONTINUING EDUCATION REGISTRATION

Please mail this registration form with the correct
 ← fees to the Ybor City Campus at this address

Name (Last, First, Middle)	Social Security Number	DOB
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Permanent Street Address

City	St.	Zip Code	Home Phone	Work Phone
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Sex <input type="checkbox"/> F <input type="checkbox"/> M	Senior Waiver <input type="checkbox"/> Yes	Term Year: 2009 Fall	Location YPST Bldg, Room 314
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High School Diploma <input type="checkbox"/> Yes - Date Received <input type="checkbox"/> No	General Education Development (GED) Certificate <input type="checkbox"/> Yes - Date Received <input type="checkbox"/> No
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The following information is required by the U.S. Office of Education

White, Non-Hispanic
 Asian or Pacific Islander
 American Indian or Alaskan Native
 Black, Non-Hispanic
 Hispanic

COURSE		REFERENCE NUMBER	COURSE TITLE	DAYS	TIME	CAMPUS	FEE
Prefix	Number						
CJD	0800	97590	Surety Agent Bail Bonds	Fri, Sat, Sun	8:00 A.M. 7:00 P.M.	Ybor	\$320.00
					(Non Resident)		
		Dates:	10/23, 24, & 25 11/6, 7, & 8 11/13, 14, & 15 11/20, 21, & 22	Fri, Sat, Sun Fri, Sat, Sun Fri, Sat, Sun Fri, Sat, Sun			
					120 Hours		

Residency Status (Check Appropriate Block)	Check or Money Order #
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I certify that I have resided in Florida as a permanent resident for the past twelve consecutive months or longer or otherwise meet the residency requirements outlined in the law of the State of Florida.

I have not resided in Florida as a permanent resident for the past twelve consecutive months and I do not meet the residency requirements.

I declare under penalty of perjury punishable by law as a misdemeanor under Section 837.06, F.S., that the foregoing is true and accurate.

Signature	Date
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Refunds will be made available for withdrawals prior to the second class meeting or prior to the first class meeting for one day seminars. This registration form does not constitute regular admission to HCC.