## CENTER FOR RISK MANAGEMENT College of the Mainland, Continuing Education Registration

Y	Concectifunci	vian nan Q®		ritegistie			320 Dela	ny Road	
Name (Last		First		Middle Initial)			Marque T2 e: #: 409-9		
					F	Fa -Mail:riskmana	x #: 409-9: gement@c		
	CHECK ONE:	Mailing Address			City			State	
	1. Do you consider yourself to be Hispanic/Latino?								
Yes No Zip		Zip	Student ID # or SS#	Date of Bir	th Sex:	Home	Phone		
2. In addition, please select one or more of the following racial									
categories to describe yourself: American Indian or Business/Cell F		none E-Mail Addr	i Liness						
	Alaskan Native Asian								
	Black or African American	This is to certify tha	tIAMAM NOT	a legal resider	nt of the College o	f the Mainland	I District.	To be	
Native Hawaiian or a legal		a legal resident of C	egal resident of College of the Mainland District, you must reside in one of the following school districts: tchcock, Santa Fe, (including Algoa, Arcadia, Alta Loma), Texas City, La Marque and Dickinson.						
	Pacific Islander White		e, (including Aigoa, Arcaula, Ar	la Luilla), Texa	is City, La Marque		1.		
		Signature	1		Date	1			
	Course #		Course Name		Instructor	Date	Cost	CEQ	
	SAFE-SYN-OSHT-1071	-107CL	National Incident Manageme & Incident Command Syst. O	verview (ICS)	N. Bender	04/10/15	No-Cost	315	
	SAFE-SYN-OSHT-1071	-108CL	Safety & Health Idea Excha	ange	C. Lewis	04/24/15	No-Cost	315	