CENTER FOR RISK MANAGEMENT

Gulf Coast Safety Institute

College of the Mainland, Continuing Education Registration

Name (Last	First	Middle Initial)			Pho	320 Delai ∟a Marque T 20ne: #: 409-9	X 7756 33-836
					E-Mail:riskma	Fax #: 409-9 anagement@	
CHECK ONE: 1. Do you consider yourself to be Hispanic/Latino?	Mailing Ad	ldress		City		-	State
Yes No	Zip	Student ID # d	or SS# Date	of Birth Sex:	Hom	L e Phone	
2. In addition, please select one or more of the following racial categories to describe yourself:					e Fliolle		
American Indian or	Business/0	Cell Phone E	-Mail Address				
Alaskan Native							
Black or African American	This is to cer			resident of the Colleg			To be
Native Hawaiian or Pacific Islander		ent of College of the Mainla anta Fe, (including Algoa,					
White	Signature			Date			
Course #		Course Name		Instructor	Date	Cost	CEQ
SAFE-5023-OSHT-1071-107CL		Legal Aspe	Legal Aspects of Safety		ch 4/07/17	No-Cost	317
SAFE-5024-OSHT-1071-108CL			How to use OSHA Resources to Develop a Compliant & Effective Safety Program		4/28/17	No-Cost	317
Revised 11.2014				Print F	orm	Reset Fo	rm