					Center for Risk Management			
College of the Mainland.	Co	ntinuing Education	Registi	ration	La Ma Phone: #	20 Delany 1 1rque TX 7 2: 409-933-	7568 8162	
Name (Last		First	Mie	Fax #: 409-933-8027 iddle Initial) E-mail: riskmanagement@com.edu				
CHECK ONE: 1. Do you consider yourself to be Hispanic/Latino?	Mailing Ac	Mailing Address		City		State		
Yes No	Zip Student ID # or SS #		Date of B	irth Sex	Home Phone			
2. In addition, please select one or more of the following racial categories to describe yourself: American Indian or Alaskan Native Asian	Business/Cell Phone		E-Mail Address					
Black or African American Native Hawaiian or Pacific Islander White	This is to cer be a legal re Hitchcock, S	tify that I AM AM NOT sident of College of the Mainland I anta Fe, (including Algoa, Arcadia	District, you r	esident of the Colleg nust reside in one of Texas City, La Marc	the following s	chool distr		
	Signature	1		Date	I	1		
Course #		Course Name		Instructor	Date	Cost	CEQ	
SAFE-1820-OSHT-1071-121CL		Incident Investigation		B. Wehnes	11/02	No-Cost	18	
SAFE-1821-OSHT-1071-122CL		Active Shooter Preparedness		C. Rosier	11/16/18	No-Cost	18	