



Continuing Education Registration

320 Delany Road La Marque TX 77568 Phone: #: 409-933-8162

Fax #: 409-933-8027

Name (Last First Middle Initial) E-mail: riskmanagement@com.edu

CHECK ONE: 1. Do you consider yourself to be Hispanic/Latino?	Mailing A	Mailing Address		City			State	
Yes No	Zip	Student ID # or SS #	Date of Bi	rth Sex	Home Ph	one		
In addition, please select one of more of the following racial categories to describe yourself: American Indian or	or	Cell Phone	E-Mail Address					
Alaskan Native Asian								
Black or African American	This is to ce		•	esident of the Colleg				
Native Hawaiian or Pacific Islander	be a legal re Hitchcock, S	esident of College of the Mainland I Santa Fe, (including Algoa, Arcadia	District, you n , Alta Loma),	nust reside in one of Texas City, La Marc	the following s que and Dickins	chool distri son.	icts:	
White	Signature			Date				
Course #		Course Name		Instructor	Date	Cost	CEQ	
SAFE-1817-OSHT-1071-118CL		The Art of Conflict Resolution		P. Harrell	0 21	No-Cost	18	
SAFE-1818-OSHT-1071-119CL		Workshop on ISO-45001 Occupational Health & Safety Management		C. Litton	10/05/18	No-Cost	18	