



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 Ad		dress		City		State	
Yes No	Zip	Student ID # or SS #	Date of Bi	rth Sex	Home Ph	one	
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				
Native Hawaiian or Pacific Islander White	This is to cert be a legal res Hitchcock, Sa Signature	tify that I AM AM NOT sident of College of the Mainland D anta Fe, (including Algoa, Arcadia,	District, you n	esident of the Colleg nust reside in one of Texas City, La Marq Date	the following s	chool distr	
Course #	<u>Olginataro</u>	Course Name		Instructor	Date	Cost	CEQ
SAFE-5824-OSHT-1071	L-119CL	Protecting Your Hearing in the Workplace		J. Sanders	10/18/19	No-Cost	118
SAFE-5825-OSHT-1071-120CL		Worker's Compensation- Initial Documentation through Return-	to- Work	N. Stuart	11/01/19	No-Cost	118
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