

06/C3

CONTRACT

Mid-Shore Lyme Disease Association, Inc.
P.O.Box 599
St. Michaels, MD. 21663
Linda Reilly 410-822-3164

**CHESAPEAKE COLLEGE
REGISTRATION FORM**
Continuing Education and Workforce Training

(INFORMATION MUST BE COMPLETED TO PROCESS REGISTRATION)

Social Security No: _____ Home Phone: _____ Work: _____

Name: _____

Last

First

Middle

Address: _____

Street

City

State

Zip

Date of Birth: _____ Sex: F ___ M ___

Racial/Ethnic Origin:

01 Hispanic/Latino

02 Black/African American

03 American Indian/Alaska Native

04 Asian (Pacific Islander)

05 White

06 Foreign (International Student/Non-Resident Alien)

07 Unknown

Senior Citizen: ___ Yes ___ No
(60 or Older)

I certify that I am a legal resident of _____, County, Maryland.

Student Signature

Date

COURSE INFORMATION

<u>Dept.</u>	<u>No.</u>	<u>Section</u>	<u>Course Title</u>	<u>Tuition</u>	<u>Fees</u>
CEX	555	XTA	LYME DISEASE SYMPOSIUM	CONTRACT	CONTRACT

The National non-profit Lyme Disease Association, Inc. (LDA), Jackson, New Jersey, has provided a grant for educational support of this event.

Chesapeake College is an equal opportunity institution.

