

Registration Form

Class Registration Information

Course Name	Start/End Date	Location	Class Fee
Course Name	Start/End Date	Location	Class Fee

Student Information

Please print legibly. Student information will be used on certificates and/or cards

First Name	Middle Initial	Last Name	
Company	Industry Type (i.e. construction)		
Billing Address	City	State	Zip
Email Address	Phone Number	Birthdate	

How did you hear about us?

- Catalog Website Word of Mouth
 Email Direct Mail Internet Search

Payment Information

Payment information must be included to complete the registration process.

- Enclosed is a check payable to Chabot-Las Positas Community College District
 Please charge the Visa or MasterCard account provided below

Credit Card Number	Name on Credit Card	Exp. Date	3-Digit Security Code
Billing Address	City	State	Zip Code
Signature of Credit Card Holder	Date		

Completed registration forms and payment can be submitted by:

Email: otc@clpccd.org

Mail: 7600 Dublin Blvd., Suite 102A, Dublin, CA 94568

Fax: 925.249.9367

866.936.OSHA (6742)