**CUSTOMIZED TRAINING CENTER**



1601 Jefferson Street, Alexandria, MN 56308

1-888-234-1313 320-762-4510

[www.alextech.edu/CustomizedTraining](http://www.alextech.edu/CustomizedTraining)

***Open Enrollment Application***

Registration - Completing this registration form signifies that my name, address, and employer information is current and correct. ATCC has permission to update my information as well as register me for this training.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Class Title |  | Date(s) |  | Fee |  |
| Class Title |  | Date(s) |  | Fee |  |

**Student Information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | | First |  | |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  | | M |  | Last |  |  |  | |  |  | |  | |  |  |  | |  |  |  |  |  |  |  |
| Home Address | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | Phone | | | | | **( ) \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_** | | | | | | | | | | | |
| City | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | State | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | Zip Code | | | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | |
| County of Residence \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| United States Citizen  Yes or  No | | | | | | | | | | | | | | | | | | | | | **Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | **(For communitaction and marketing purposes/not for distribution)** | | | | | | | | | | | | | | | | | | | | | | | |

Alexandria Technical & Community College is asking you to provide information that includes private and/or confidential information under State and Federal Law. In the computerized system Social Security Number is the primary means of identification. The college will use this information for positive identification to ensure your records are not confused with those of other students. Although your registration will be accepted without a social security number, providing it will reduce the likelihood of error when matching data with your registration. The information collected will only be used for registration purposes by the Alexandria Technical & Community College and the MnSCU system and will not be sold or distributed.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Birthdate (MM/DD/YY) |  |  | — |  |  | — |  |  | Social Security Number |  |  |  | — |  |  | — |  |  |  |  |

**Optional Information**

|  |  |  |
| --- | --- | --- |
| **Gender** | **Marital Status** | **Racial/Ethnic Origin (Full Descriptions available on the back of this registration form)** |
| Female | Divorced | American Indian or Alaska Native |
| Male | Married | Asian |
|  | Separated  Single | Black or African American  Hispanic or Latino |
|  | Unknown or Unreported | Native Hawaiian or Other Pacific Islander |
|  | Widowed | White |
|  |  | Unknown |

**Payment – Total Amount $ \_\_\_\_\_\_\_\_\_\_ (payment or purchase order and billing information must accompany registration)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Personal Check** (payable to ATCC)  **Business Check** (payable to ATCC; please provide business information below) | | | | | | | | | | | | | | |
| **Purchase Order #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please provide business information below) | | | | | | | | | | | | | | |
| Personal Credit Card /  Business Credit Card (please provide business information below) | | | | | | | | | | | | | |
| **VISA**  **Discover**  **MasterCard** | | | | | | | | | | | | | | |
| Name on Card | | |  | | Credit Card # | |  | | | | | Exp. Date |  | |
| **Business Name** | | |  | | | | |  | |  | | | | | |
| **Address** | |  | | | | | | **Phone** | | **( ) \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_** | | | | | |
| **City** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | **State** | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | **Zip Code** | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| (Continued) | | | | | | | | | | | | | | | |

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**Contact Information**

**Mail**  Alexandria Technical & Community College, 1601 Jefferson Street, Alexandria, MN 56308

**Fax** 320-762-4634

**Phone** 320-762-4510

**Toll Free** 1-888-234-1313

**Racial/Ethnic Origin Descriptions**

***American Indian or Alaska Native -*** *A person having origins in any of the orginial peoples of North and South American (including Central America) who maintains cultural identification through tribal affiliation or community attachment.*

***Asian -*** *A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.*

***Black or African American -*** *A person having origins in any of the black racial groups of Africa.*

***Hispanic or Latino -*** *A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture.*

***Native Hawaiian or Other Pacific Islander -*** *A person having origins in any of the orginal peoples of Hawaii, Guam, Samoa, or other Pacific Islands.*

***White –*** *A person having origins in any of the orginal peoples of Europe, the Middle East, or North Africa.*

**Accommodations**

*If you need a reasonable accommodation for a disability (e.g., wheelchair accessibility, interpreter, audio tape, or large print materials, alternative format), such an accommodation can be made available upon advance request. Please contact Customized Training at 320-762-4510 as soon as possible.*

***Minnesota Relay Service 1-800-627-3529***

**Policy**

*Alexandria Technical & Community College is committed to providing equal education/employment opportunities to all persons and does not discriminate on the basis of race, religion, creed, color, national origin, gender, ancestry, sexual orientation, age, marital status, disability, reliance on public assistance or against any other recognized protected class.*

***Cancellations*** *– Class cancellations must be done three full business days before the class start date. No refunds for cancellations of less than three full business days.*

***Missed Classes*** *– Refunds will not be issued for any missed class, full class fees are due.*

***Late Arrivals*** *– ATCC reserves the right to reschedule anyone arriving late. In most cases, 100% attendance is required to successfully complete training sessions.*

***Weather-Related Information 320-762-4400***

***After you register****…you can assume that you are enrolled. Written confirmation will be sent to you a week before class. If a class is cancelled, you will be contacted by phone, mail, or email. Alexandria Technical & Community College reserves the right to cancel courses due to unforseen circumstances (a full refund will be granted).*

**Thank you for your registration and enjoy your class!**