

# TECHNICIAN CONTINUING EDUCATION COURSE

October 12 and 13, 2018  
Spokane Falls Community College

## Badge Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

## Registration Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last Four (4) Digits of Your SS#: \_\_\_\_\_

Email Address: \_\_\_\_\_

Verify Email Address: \_\_\_\_\_

(Must provide YOUR email address to receive registration confirmation)

An email confirmation of this registration will be sent to the registrant entered on this form. If you would like a copy of the confirmation receipt mailed to someone else as well, please enter that email address below.

Additional Email:

\_\_\_\_\_

## Participant Information

Special accommodations required?      Yes      No

What is needed? \_\_\_\_\_

From what O&P school did you graduate? \_\_\_\_\_

In what year did you graduate? \_\_\_\_\_

How many years have you been in your profession?      0-5      6-10      11-20      21+

How did you learn about the Technician Continuing Education Course? \_\_\_\_\_

## Payment Information

### Registration fees include parking, refreshments, lunch and reception Friday, brunch on Saturday

<b>Registration Fee:</b>	\$ 30.00 (SFCC Students)	Friday & Saturday morning (October 12 <sup>th</sup> & 13 <sup>th</sup> )
	\$165.00 (Technicians/CPOs/Assts/Fitters)	Friday & Saturday morning (October 12 <sup>th</sup> & 13 <sup>th</sup> )
	\$100.00 (Technicians/CPOs/Assts/Fitters)	Friday only (October 12 <sup>th</sup> )

SPECIAL: If more than one person from your practice or company is attending the 1½-day course, the registration fee for each is reduced by \$25 per additional person with a limit of three (3) attendees. (For example: if two techs attend, the fee for each is \$140 or for three techs, the fee for each is \$115.) Fees remain the same for attendance on Friday only. Please list below the names of the techs from your practice/company who will be attending the CE Course.

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**Credit Card Payment:** If you prefer not to list the credit card number below, please complete the requested information and call Ruthie Dearing at (509) 533-3231 to provide the credit card number, expiration date, and CVV Code.

Cardholder Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Billing City: \_\_\_\_\_ Billing State: \_\_\_\_\_

Billing Zip: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Card Type:     Visa     MasterCard

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CVV Code: \* \_\_\_\_\_

\* To prevent fraud, Visa and MasterCard use encrypted codes called CVV/CVC codes. The Visa and MasterCard 3-digit CVV/CVC codes are printed on the upper right corner of the signature strip on the back of your credit card.

**Email or Fax Registration Form to:**

**Ruthie Dearing**

[ruthie.dearing@sfcc.spokane.edu](mailto:ruthie.dearing@sfcc.spokane.edu)

**Fax: 509-533-4143**

**Check Payment: Please make the check out to: Community Colleges of Spokane (CCS)**

**Mail the Registration Form and check to:**

**Ruthie Dearing, Program Manager**

**O&P Technology Programs**

**3410 W. Fort George Wright Drive MS 3190**

**Spokane, WA 99224**

**THANK YOU**