

THERAPEUTIC SHOE FITTER COURSE

Spokane Falls Community College

October 29 – November 14, 2018

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? _____

Are you applying for the pre-certification course? Yes _____ No _____ Or, are you attending the course for

continuing education credits? Yes _____ No _____

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

How did you learn about the Therapeutic Shoe Fitter Course? _____

Payment Information

Registration fees include Online Learning beginning on October 29 and ending on November 14, 2018. The Lab will be conducted on November 16, 2018 on the SFCC campus, with morning refreshments, lunch, and a parking pass.

Registration Fee: \$225.00

Credit Card Payment: If you prefer not to list credit card numbers on this form, please complete the information required, and call Ruthie Dearing at (509) 533-3231 to provide the credit card number and expiration date.

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

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