

LCCC • PUBLIC SAFETY TRAINING INSTITUTE • REGISTRATION FORM

LCCC F-65C

1333 South Prospect Street, Nanticoke, PA 18634-3899 • Telephone: 570-740-0637 or 1-800-377-LCCC (ext. 7637)
 • **Complete and return with check(s) or money order(s) for each seminar payable to: LCCC Public Safety Training Institute •**

Name _____ Phone Number (Day/Cell) _____
 Department/Co. _____ () _____
 Address _____ Phone Number (Night) _____
 Home Address _____ () _____
 County of Residence _____ Department Phone (extension) _____
 City _____ () _____
 State _____ Zip _____
 E-mail Address _____
 Soc. Sec. No. _____
 Date of Birth _____
 Signature _____

CASH

CHECK NO.

I am paying by: VISA Mastercard Discover

Cardholder's Name: _____

Card Number: _____ Exp. Date: _____

Signature _____

Please Check Appropriate Boxes:

Firefighter Paramedic EMT Law Enforcement

Other: _____

PROGRAM	LOCATION	DAY	TIME	COST

Please fill out completely. Missing information may delay your registration from being processed. Do not mail cash with this registration form.

The following information is required for state and federal statistical purposes only. Responses will not be used to determine admission.

Gender: Male Female

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race: American Indian or Alaska Native
 Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

Are you a citizen of the United States? Yes No (If no, please complete the following):

1. Country of citizenship: _____

2. Permanent Resident Card #: _____

3. Foreign Student (F1 Student Visa #): _____

4. Other Visa (type and #): _____