



## Moped Course 2018 Registration Form

Workforce and Community Development  
**Continuing Education & Customized Training**  
 2101 Trinity Road, Rm. E2060, Duluth, MN 55811

Phone: 218-733-5924 • Fax: 218-733-5974 • [continuingeducation@lsc.edu](mailto:continuingeducation@lsc.edu)

Name as it Appears on your Driver's License:			Have you registered at LSC before?		
Last	First	Middle	<input type="checkbox"/> No <input type="checkbox"/> Yes/Student ID# _____		
Home Address: _____			Birthdate: _____		
City: _____ State: _____ Zip: _____					
Home Phone #: _____ Cell Phone #: _____			Last 4 Digits Social Security# _____		
E-mail: _____			<b>Race and Ethnic Background</b> (select any that apply):		
Company Name: _____			<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian		
Company Address: _____			<input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino		
City: _____ State: _____ Zip: _____			<input type="checkbox"/> White <input type="checkbox"/> Unknown		
Company Phone: _____			<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		
			<b>How did you hear about this class?:</b> _____		

<input type="checkbox"/> #20185-30    May 10    5:00pm - 9:30pm    \$35.00	<input type="checkbox"/> #20191-32    Aug. 9    5:00pm - 9:30pm    \$35.00
<input type="checkbox"/> #20191-30    June 7    5:00pm - 9:30pm    \$35.00	<input type="checkbox"/> #20193-30    Sept. 6    5:00pm - 9:30pm    \$35.00
<input type="checkbox"/> #20191-31    July 12    5:00pm - 9:30pm    \$35.00	

### ***How to Send in Registration & Payment:***

- 1.) Register online   2.) Email form to [continuingeducation@lsc.edu](mailto:continuingeducation@lsc.edu)   3.) Fax form to 218-733-5974   4.) Mail form to Workforce & Community Development, Room E2060, 2101 Trinity Road, Duluth MN 55811   5.) Phone in registration at 218-733-5932

**Registrations or changes to existing registrations, including cancellations, will be accepted until 12:00 pm two business days prior to the first class. No refunds will be issued after this date.**

Check one box: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Bill Company/Name of Company if paying _____
Would you like a receipt for your records? <input type="checkbox"/> Yes <input type="checkbox"/> No    If "Yes," to which destination?
<input type="checkbox"/> Email _____ <input type="checkbox"/> Home Address <input type="checkbox"/> Company Address <input type="checkbox"/> Fax: (____) _____
If using a Check, Check#: _____    (Please make check payable to <i>Lake Superior College</i> )
Please bill my: <input type="checkbox"/> Personal Credit Card <input type="checkbox"/> Company Credit Card/Fill in Name on card: _____
Credit/Debit card payments check one: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover
Account # _____    Expiration Date _____    Security Code _____
Signature _____

**Individuals with a documented disability may request reasonable accommodations from the LSC Disability Coordinator at 218-733-7650 (voice) or 800-627-3529 (MSR/TTY).**

Classes may be tax deductible under Hope Scholarship and Life-Long Learning tax laws. Your social security number must be provided in order to claim either of these deductions. Many colleges/universities use social security numbers for student identification purposes on student records. Providing your social security number, birth date, gender, and ethnic background is voluntary. If you do not provide this information, your application will still be processed. This data is requested for purposes of administration, program evaluation, and consumer and alumni data. The data may also be used to create summary information about MNSCU programs through data matches with other state agencies.