



Trained Medication Aide (TMA) - Spring 2019

Continuing Education & Customized Training

2101 Trinity Road, Duluth, MN 55811 • 218-733-5924 • continuingeducation@lsc.edu

Course #	Cost	Time, Date, Location	
WDCL1830 20195-30	\$660 Book included in tuition	Time 4:30pm to 8:30pm Room E2026 Feb. 5 Room E2024 Feb. 7, 12, 19, 21, 26, 28 March 5, 7, 19, 21	

Name: _____ Home Address: _____ City: _____ State: _____ Zip: _____ Home Phone #: _____ Cell Phone #: _____ E-mail: _____ Company Name: _____ Company Address: _____ City: _____ State: _____ Zip: _____ Company Phone: _____	Have you registered at LSC Before? <input type="checkbox"/> No <input type="checkbox"/> Yes/Student ID# _____ Birthdate: _____ Last 4 Digits Social Security# _____ Race and Ethnic Background (select any that apply): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White <input type="checkbox"/> Unknown Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
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How to Send in Registration & Payment:

1.) Register online 2.) Email form to continuingeducation@lsc.edu 3.) Fax form to 218-733-5974 4.) Mail form to Continuing Education & Customized Training, Room E2060, 2101 Trinity Road, Duluth MN 55811 5.) Phone in registration at 218-733-7680
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.