

**REGISTRATION FORM – NONCREDIT COURSE**

**Southeast Community College**

The College requires a student's Social Security number as a condition for enrollment. A student's Social Security number constitutes an "education record" under the Family Educational Rights and Privacy Act (FERPA). The College will be privileged to re-disclose that information only with the consent of the student or in those very limited circumstances when consent is not required by FERPA.

2008 QUARTER	
SUMMER	WINTER
FALL	X SPRING

**PLEASE PRINT**

<b>Social Security Number OR SCC ID</b>		<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>	<b>E-mail address</b>	
<b>Home Mailing Address</b>			<b>City</b>	<b>State</b>	<b>Zip</b>	<b>County #</b>
<b>Birth Date</b>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: (Used for statistical purposes only) <input type="checkbox"/> White, Non-Hispanic <input type="checkbox"/> Asian/Pacific Island <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic/Latino(a) <input type="checkbox"/> Black/African-American, Non-Hispanic <input type="checkbox"/> Other _____			Veteran or Dependent Utilizing Military Benefits <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Resident of Nebraska <input type="checkbox"/> Non-Resident of Nebraska	

COURSE NUMBER	SECTION	TITLE	START DATE	LOCATION	TIME
AACK95__CE	SA	NEOPA Conference	041709	CEC	0800

MEMBER	Non-MEMBER
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FOR OFFICE USE ONLY	
DE _____	ID # _____

**SIGNATURE**

Submission of this form indicates that I understand: **1)** that my registration is complete that I am accountable for the tuition and fees and subject to a grade in the courses listed; **2)** that should I officially drop, cancel, or withdraw, any refund in tuition will be determined by the date I submit my request to Continuing Education; **3)** that failure to attend a course does not constitute an official drop/withdrawal; **4)** the personal information contained herein is correct as shown; and **5)** any changes in SSN, legal name, address, residency, etc. must follow the College procedures in the Student Handbook and College Catalog.

*Please select one session per break out time:*

*1:45-2:45 pm*

- A. Moving Onward and Upward – Chris Timm*
- B. Putting Your Best Foot Forward – Gina Larson*

*3:15-4:15 pm*

- C. Writing of Minutes and E-mail Courtesies – Sheryl Piening Keller*
- D. Shining Through the Occasional Cloud – Suzanne Drew*

The following information is being collected for distribution to conference attendees:

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

School: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

School Phone: \_\_\_\_\_

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

**\*\*\* PLEASE CALL DIANE SIEFKES AT 402-323-3386 TO REGISTER**