Registration for Corporate Open Enrollment



Center for Workforce Development 4525 Education Park Drive Schnecksville, PA 18078-2598 610-799-1950

Email this form to leadershiptraining@lccc.edu upon completion to register.

	Birth Date: (MM/	(DD/YYYY) /	//	
Participant Information: Please print your n	ame exactly as it appears o	n legal documents.		
Last	First	Middle		
Please indicate any former names:				
Home Mailing Address (include apartment number or lot number if applicable):				
Address:	City:	State:	Zip:	
County:	Phone:			
Cell Phone:	E-mail:			
Company Contact Information:				
Company Name:				
Company Address:	City:	State:	Zip:	
Contact Person (for invoicing purposes):				
Contact's Phone:	E-mail:			

Agreements and Authorization

The information given above is complete and accurate to the best of my knowledge. By signing this registration form, I agree to abide by all policies, regulations, and procedures of the College. I understand this registration form is for non-credit, Corporate Open Enrollment coursework only.

Please Print Student NameSignatureDateThe College will not discriminate on the basis of race, color, sex, religion, ancestry, national origin, age, disabilities, veteran status,

or sexual orientation in its educational programs, activities, admissions, or employment practices as required by applicable laws and regulations. For information regarding civil rights or grievance procedures or for information regarding services, activities, and facilities that are accessible to and useable by persons with disabilities, contact the Office of Human Resources. Students may contact the Office of Disability Support Services, LCCC, 4525 Education Park Drive, Schnecksville, PA 18078-2598, 610-799-212.

Course Number
Course Title
Course Dates
CRN

Image: Course Number
Image: Course Structure

*Email your completed form to leadershiptraining@lccc.edu to receive a registration confirmation.