Therapeutic Humor and Laughter Workshop

Friday, February 12, 2010

8:30 a.m. - 12 noon

Prairie State College

NON-CREDIT REGISTRATION

PLEASE PRINT

_____

STUDENT ID# ***SOCIAL SECURITY NUMBER***

_____

LAST NAME ***FIRST*** ***M.I.***

_____

BILLING ADDRESS

_____

CITY ***STATE*** ***ZIP CODE*** ***COUNTY***

_____

AREA CODE ***PHONE NUMBER*** ***EMAIL ADDRESS FOR CONFIRMATION***

GENDER: ☐***MALE*** ☐***FEMALE*** ***DATE OF BIRTH:*** _____
MONTH/DAY/YEAR

Code	Course Title	Date	Registration Fee
PICEU-015-PS	Therapeutic Humor and Laughter	02/12/10	$49

I accept responsibility for the selection for courses as indicated above. I authorize the PSC Business Office to collect any and all fees associated with my account. Fees must be paid in full at the time of registration. No refund will be issued unless received 48 business hours before the first class meeting. If you register for a non-credit class but are unable to attend, you must come to the Matteson Area Center or the PSC Enrollment Services Office at the main campus to fill out a drop form.

_____

Signature **Date**

To pay by credit card, complete the following: ❍ Visa ❍ MasterCard ❍ Discover

credit card number | expiration date | security code

Card Holder: _____

To pay by check, please make check payable to: Prairie State College, 202 S. Halsted St., Chicago Heights, IL 60411, Attn: Julie DeLong. Include your driver's license number on your check.

CONTINUING EDUCATION UNITS / CONTACT HOURS CERTIFICATE

Prairie State College is an approved provider of Continuing Units for Social workers, LCPC, LCP by the Illinois Department of Financial and Professional Regulation. Activity Professions will receive a certificate indicating contact hours earned. This workshop provides 3.0 CEUs / Contact Hours.

I am requesting CEUs / Contact Hours Certificate for:
☐ Social Worker ☐ LCPC ☐ LCP ☐ Activity Professional

Fax completed form to (708) 709-7832.

TERM
☐ **Spring 2010**

ENROLLMENT STATUS
☐ **First-Time Student**
☐ **Continuing PSC Student**

ETHNIC BACKGROUND
Are you Hispanic or Latino?
☐ ***Yes, Hispanic or Latino***
☐ ***Not Hispanic or Latino***

Please identify your primary racial/ethnic group. (Please check one)
1 ☐ ***American Indian or Alaska Native***
2 ☐ ***Asian***
3 ☐ ***Black or African American***
4 ☐ ***Hispanic or Latino***
5 ☐ ***Native Hawaiian/Pacific Islander***
6 ☐ ***White***
7 ☐ ***Choose not to respond***

Are you from one or more of the following racial groups?
(Select all that apply)
☐ **American Indian or Alaska Native**
☐ **Asian**
☐ **Black or African American**
☐ **Native Hawaiian/Pacific Islander**
☐ **White**
☐ **Choose not to respond**

Are you in the United States on a Visa-Nonresident Alien?
☐ **Yes on a Visa - Type** _____

Provide Country of Origin _____
☐ **Not on a Visa**

COMMUNITY COLLEGE CERTIFICATE OR DEGREE OBJECTIVE:
1 ☐ **Only complete one or several courses**
2 ☐ **To complete a certificate**
3 ☐ **To complete an Associate's degree**

Please provide us with the following required information, which is used for state reporting.

HIGHEST DEGREE EARNED (please check one):
❍**None**
❍**GED**
❍**High School Diploma**
❍**Some College**
❍**Certificate Degree**
❍**Associate's Degree**
❍**Bachelor's Degree**
❍**Master's Degree**
❍**Doctoral Degree**
❍**Other** _____