Fulton-Montgomery Community College

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Center For Energy Efficiency And Building Science (CEEBS)
COURSE REGISTRATION FORM
For more information call 518-736-FMCC (3622) Ext. 8300

Complete all fields and fax to 518-762-8011

Student Information (* indicates optional fields, all other fields are required.)	
Name:	Social Security Number: ~ ~
Address:	
City, State, Zip:	
Telephone: (Primary) (Secondary*) (Cellular*)	
Primary Email Address*:	Secondary Email Address*:
Date of Birth:	If male, 18 or older, and born on or after January 1, 1960, have you registered with Selective Service as required by law? ❑ Yes ❑ No (This program is a recipient of Federal financial assistance. Persons that are required to register, but have not registered with Selective Service cannot participate in this training.)
Gender: ❑Female ❑Male	
Disability Status*: ❑Not Disabled ❑Disabled	
Last grade/degree completed*:	Veteran Status*:
Marital Status*: ❑Single ❑Married ❑Divorced ❑Widowed ❑Separated ❑Common Law	
Race*: ❑American Indian/Alaskan Native ❑Black/African American ❑White ❑More Than One Race ❑Asian ❑Native Hawaiian/Other Pacific Islander	Ethnicity*: ❑Hispanic or Latino?

Employment Status (Required)	
❑Employed	Company Federal Tax ID # (Required if requesting reimbursement to a company)
❑Employed but received notice of termination/military separation	
❑Not employed/Not in military	
❑Accepted position for future start date	Please note anticipated start date:
If "Employed" or "Accepted position":	Company Name
	Company Address
	Company City, ST, Zip

Reimbursement Information (If seeking and available)	
Reimbursement should be sent to: ❑Student ❑3rd Party Payor ❑Company	Are you employed by a HPw/ES Contractor? ❑YES ❑NO
Where should check be sent?	Address
	City, ST, Zip

Check which trainings/exams you would like to register for: (Required)		
Course Name	Start Date	Tuition
❑ Introduction to (Solar) Photovoltaic Technology	3/1/12	$ 600
How did you hear about this training? _____		

Payment (Required)
❑Cash
❑Check
❑Purchase Order/3rd Party Voucher (attach)
❑MasterCard ❑Visa
Cardholder Name:
Card #
Expiration Date (MM/YR)

Authorization & Signature (Required)

I authorize payment to and the exchange of all information related to my participation in this training program between one or more of the following organizations related to this training program: New York State Energy Research and Development Authority (NYSERDA), Center for Energy Efficiency and Building Science (CEEBS), Long Island Power Authority (LIPA), United States Department of Labor (USDOL), Conservation Services Group (CSG), Building Performance Institute (BPI), Susan Dee Associates, TRC Energy Services. I understand I may be contacted regarding future employment status due to Unit States Department of Labor (USDOL) requirements. If applicable, my Selective Service registration status is as noted above:

(Signature of trainee, or if under 18, parent/guardian) X

Equal Opportunity Employer/Program. Auxiliary aids and services are available upon request to individuals with disabilities.

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