

February 7-10, 2019 **SOUTHEAST FIRE/RESCUE COLLEGE & LAW ENFORCEMENT EXPO**

Mail \$30 check PAYABLE TO RCC **OR** Fax, Email
or call to make credit card payment

TAMMY BOZEMAN (910) 272-3330
PO BOX 1404 tbozeman@robeson.edu
LUMBERTON, NC 28359 (910) 272-3325 fax

SS# _____ - _____ - _____ My T-Shirt Size _____

DOB ____/____/____

Email _____

Name: _____
Last First MI

Address: _____
Street/PO Box City State Zip

County of Residence: _____ Phone: _____

Race: White Black American/Alaska Hispanic Asian Other Ethnicity: Hispanic/Latino
Sex: Male Female Non Hispanic/Latino

Highest Grade Completed: 0 1 2 3 4 5 6 7 8 9 10 11 12 AHS GED
 One Year Vocational Associate Degree Bachelor's Degree Master's Degree or Higher

Employment: Full Time Part Time Retired Unemployed

BY SIGNING BELOW, I DECLARE THAT I AM A CURRENT MEMBER OF THE FOLLOWING PUBLIC SAFETY AGENCY/DEPARTMENT, I AM ELIGIBLE FOR A FEE WAIVER, AND THIS TRAINING IS REQUIRED FOR MY JOB.

Type of Agency/Department: VOLUNTEER Fire Dept PAID Fire Dept PAID Law Enforcement Agency
 Non-Profit VOLUNTEER EMS or Rescue & Lifesaving Dept Non-Profit PAID EMS or Rescue & Lifesaving Dept

Name of Agency/Dept. Affiliation: _____

Job Title with Agency/Dept: Police Officer or Deputy Auxiliary Police Officer Firefighter Paramedic
 EMT Rescue Other _____

***STUDENT'S SIGNATURE:** _____

*MY SIGNATURE AUTHORIZES ROBESON COMMUNITY COLLEGE TO TAKE & UTILIZE PHOTOS OR VIDEO OF ME OR MY PROPERTY FOR PURPOSES OF PROMOTING, MARKETING, & ADVERTISING THE COLLEGE. I UNDERSTAND & AGREE THAT PHOTOS OR LIKENESSES OF ME OR MY PROPERTY MAY APPEAR IN PRINT, ON TELEVISION, OR ON THE WEB, & THAT I WILL RECEIVE NO COMPENSATION. *MY SIGNATURE AUTHORIZES RCC TO RELEASE (WHEN REQUIRED) A REPORT INDICATING THAT I HAVE SUCCESSFULLY COMPLETED ALL REQUIREMENTS (ATTENDANCE, WRITTEN, & PRACTICAL TESTS) FOR CERTIFICATION. *ADMISSION TO ANY & ALL EDUCATIONAL PROGRAMS OFFERED BY RCC I MADE WITHOUT REGARD TO RACE, COLOR, SEX, RELIGION, AGE, DISABILITY, OR NATIONAL ORIGIN. FOR TITLE IX QUESTIONS, CALL 910-272-3505.

*****LIST CLASS NUMBERS ONLY***** (Students will be emailed after January 23rd with class assignments.)

1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____ 4th Choice: _____

CREDIT CARD INFORMATION

___ MasterCard ___ Visa

Card # _____ Exp. Date _____ 3-digit code _____

Card Holder's Name _____ Authorized Signature _____

Total Amount \$ _____ Payment Date _____ Phone _____