

## MHEA Conference Registration 2007

Anne Arundel Community College is a co-sponsor of this conference. Please complete this form for **EVERY PERSON** registering. (Extra form on back. Make copies) No confirmation will be sent to you.

### CONTINUING EDUCATION > REGISTRATION and/or DROP FORM

TERM:  FALL  WINTER  SPRING  SUMMER      YEAR: 2007

<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 2px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 2px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 2px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 2px;"></div>		
STUDENT'S SOCIAL SECURITY # OR AACC ID	STUDENT'S LAST NAME	STUDENT'S FIRST NAME
STREET ADDRESS	CITY	STATE
COUNTY	E-MAIL ADDRESS	
BUSINESS PHONE	HOME PHONE	BIRTH DATE _____
		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
		MONTH DAY YEAR

**OPTIONAL FOR REPORTING PURPOSES**

BLACK AFRICAN AMERICAN (1)

NATIVE AMER / ALASKA NATIVE (2)

ASIAN / PACIFIC ISLANDER (3)

HISPANIC (4)

CAUCASIAN (5)

OTHER (7) \_\_\_\_\_

**CITIZENSHIP**

U.S.

Permanent Alien Resident (Submit Proof of Alien Reg Card)

Type of Visa \_\_\_\_\_

Foreign Country of citizenship: \_\_\_\_\_

**RESIDENCY**

yes  no I have maintained my legal domicile in \_\_\_\_\_ county for at least 3 months.

yes  no I have maintained my legal domicile in Maryland for at least 3 months.

REG•DROP	STARS	COURSE #	SECTION	COURSE TITLE	START DATE	DAYS	TIMES	LOCATION	COST
Register	00000	CSS 562	901	Maryland Home Schooling	SEPT. 29	Sa	8am-5pm	AACC	N/C

The security of all members of the campus community is of vital concern to Anne Arundel Community College. Information concerning campus security and crime is available in the Student Handbook. For copies contact the Anne Arundel Community College Department of Public Safety, 101 College Pky Arnold MD 21012-1850

I certify that the information I have given on this form is accurate and complete

REQUIRED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

An equal opportunity affirmative action, Title 10, ADA Title 504 compliant institution. Call collect for support services and concerns 410-777-2308 or Maryland Relay 711, 72 hours in advance to request special accommodations. For information regarding Anne Arundel Community College compliance and complaints concerning discrimination or harassment, call 410-777-7482 or Maryland Relay 711.

### DIRECTIONS FOR FILLING OUT THE AACC REGISTRATION FORM

The minimum information needed is your name, address, county and home phone. **DO** check, Gender Citizenship and Residency.

EARLY REGISTRATION MAIL BY SEPTEMBER 5

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<p><b>2007 MHEA MEMBERS ONLY</b> (A "7" or higher after name on label)</p> <p>No. of Adults ____ @\$25 = \$ ____</p> <p>No. of Teens ____      <b>FREE</b></p> <p><b>TOTAL ENCLOSED \$</b> _____</p> <p>(To renew membership, register in <b>General Registration</b> section &amp; check "Renew MHEA")</p>	<p style="text-align: center;"><b>GENERAL REGISTRATION</b></p> <p>No. of Adults ____ @\$30 = \$ ____</p> <p>No. of Teens ____ @ \$5 = \$ ____</p> <p style="text-align: center;"><b>BEST VALUE:</b></p> <p>____ JOINING ____ RENEW MHEA</p> <p>No. of Adults ____ @\$25 = \$ ____</p> <p>No. of Teens ____ <b>FREE</b></p> <p><b>ADD Membership = \$ 15.00</b></p> <p><b>TOTAL ENCLOSED \$</b> _____</p>
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LATE REGISTRATION  
(After SEPT. 5)

No. of Adults: \_\_\_\_ @\$35 = \$ \_\_\_\_

No. of Teens: \_\_\_\_ @ \$10 = \$ \_\_\_\_

**BEST VALUE: Join MHEA**

No. of Adults \_\_\_\_ @\$30 = \$ \_\_\_\_

No. of Teens \_\_\_\_ @ \$5 = \$ \_\_\_\_

**Membership ADD \$ 15**

**TOTAL ENCLOSED \$** \_\_\_\_\_

Make checks payable MHEA and mail all forms to: 9085 Flamepool Way, Columbia, MD 21045