**Student names & email address must be legible for correct database entry and card issuance

Date: _____

Course: _____

Instructors: _____

Course Participants

Full Name ** *Please PRINT as you wish your name to appear on your card.*	Textbook *Initial to acknowledge receipt of book*	Cell Phone *for eCard claiming*	Email Address ** *Please PRINT legibly for receipt of eCard*	Address, City, State Zip	Course Com-pleted	Date eCard Issued *Internal use*
1					Y N	
2					Y N	
3					Y N	
4					Y N	
5					Y N	
6					Y N	
7					Y N	
8					Y N	
9					Y N	