

LCSC Workforce Training Registration Form

How to Register

In Person:

Drop off at 1920 3rd Ave North, Lewiston Monday-Friday 8am-5pm

Website:

Visit our web page <http://www.lcsc.edu/workforce-training/>

Mail:

Complete the Registration form and mail with your check, money order, or credit care information to:
LCSC Workforce Training
500 8th Ave
Lewiston, ID 83501

Fax:

Complete the Registration form and fax to: 208-792-2680.

Phone:

Call 208-792-2388 Monday-Friday during business hours.

Policies

Payment:

Payment is due at the time of registration. Some programs have established deadline dates and may charge a late fee if payment is not received

Refunds:

100% prior to the first day of class minus administrative fee. After first day, please call 208-792-2388.

Cancellations:

All classes require a minimum number of student to run. If a class cancels you will be contacted with a full refund or option to transfer to a different class (if available).

Discrimination:

Lewis-Clark State College is committed to the policy that all persons shall have equal access to programs and facilities without regard to age, color, creed, race, marital status, nation of origin, religion, physical handicap or sex.

Name: First _____ MI _____ Last _____ DOB ____/____/____ Gender: M _____ F _____

Mailing Address: _____ City _____ State _____ Zip _____

Phone: _____ - _____ - _____ SS Number: _____ - _____ - _____ Email: _____

Ethnicity: Hispanic/Latino ___ African American ___ White ___ Asian ___ Hawaiian/Pacific Islander ___ American Indian/Alaska Native ___

Emergency Contact Name: _____ Phone: _____

Class Title: _____ Begin Date: ____/____/____ Cost: \$ _____

Note: If you are mailing, emailing (online) or faxing we recommend you call us your SS number

If paying by bankcard please complete information below. If someone other than you is paying your registration fee please include their name and address:

Card Number: _____ - _____ - _____ - _____ Expiration Date: ____/____ Security Code _____

Name as it appears on card: _____ Cardholder Signature: _____

Mailing Address: _____ City _____

State _____ Zip _____ Phone: _____ - _____ - _____

If you have any questions please contact LCSC Workforce Training at 208-792-2388
1920 3rd Ave N, Lewiston, ID 83501