



**Energy Auditors Program
REGISTRATION FORM**

603-524-3207 www.lrcc.edu Fax (603) 524-8084

& The Dept. of Resources & Economic Development

Location: Laconia _____ Littleton _____ Nashua _____ Concord _____

Dates: Laconia, Sept. 14-25 – Littleton, Sept. 28-Oct. 9 – Nashua, Oct. 19-30 – Concord, Dec. 14 – Dec. 30 – Concord, Fridays - Jan. 8 – Feb. 12

_____/_____/_____
Social Security Number* First Name MI Last Name

Permanent Mailing Address Date of Birth

City/Town State Zip

Email: Home Phone Cell Phone

*Federal law requires that LRCC collect names and corresponding social security numbers for all students attending the college. The college is required by the Internal Revenue code to produce a 1098-T tax form (26 U.S.C.A. Section 6050S or Federal Register, Vol. 67, No. 2244, page 777686 (ii) which requires the college to report the names and social security numbers of all students taking credit-bearing courses. Please note, however, that the college will ensure the security of the student's social security number and will not disclose it to anyone outside the college, except as authorized by federal or state laws, regulations or applicable policies.

METHOD OF PAYMENT	FOR FEDERAL STATISTICAL PURPOSES ONLY (Optional)	
<input type="checkbox"/> Check Attached Payable to: LRCC	<input type="checkbox"/> White Non-Hispanic	
<input type="checkbox"/> Bill my company or a third party agency	<input type="checkbox"/> Black Non-Hispanic	
<input type="checkbox"/> Credit Card <input type="checkbox"/> MC <input type="checkbox"/> Visa <input type="checkbox"/> Discover	<input type="checkbox"/> Hispanic	
	<input type="checkbox"/> Asian	
	<input type="checkbox"/> Non-resident Alien	
	<input type="checkbox"/> Other/Multi-Ethnic	
	<input type="checkbox"/> Native Hawaiian/Pacific Island	

CRN	Course #	Location	Course Title	Cost
	LWKS9000		Energy Auditor Training Program	\$1,100.00 Program Tuition
				- 500.00 DRED Scholarship
				<u>\$600.00 STUDENT cost/payment</u>
				Tuition cost includes textbook

I understand by registering for courses at LRCC, I am financially obligated for ALL costs related to the registered course(s). Upon a drop or withdrawal, I understand that I will be responsible for all charges as noted. I further understand that if I do not make payment in full, my account may be reported to the credit bureau and/or turned over to an outside collection agency. I also understand that I will be responsible for the costs of the outside collection agency, any legal fees, and any bounced check fees under RSA 6:11, which will add significant costs to my account balance.

STUDENTS WHO HAVE NOT MADE PAYMENT ARRANGEMENTS PRIOR TO THE START OF THE COURSE WILL BE DROPPED FROM THE CLASS ROSTER.

Student Signature (Required) Date:

Date Received: _____ Received By: _____ Processed: _____