



# Greenfield Community College

# LIFELONG LEARNING

*Workshops and Professional Development for Businesses and Individuals*

in Amherst at Amherst Regional Middle School for Spring 2016

Thinking about a new career or seeking new job skills?

Try one of these trainings!



- **ServSafe® Food Protection Manager, \$179**

*Instructor: Gary Weiss*

Monday, 2/22, 6:00-9:00 pm

Monday, 2/29, 6:00-9:00 pm

Monday, 3/7, 6:00-9:00 pm

- **OSHA 10 Construction Safety, \$199**

*Instructor: Kevin Scarborough*

Tuesday, 3/8, 5:00-8:30 pm

Tuesday, 3/15, 5:00-8:30 pm

Tuesday 3/22, 5:00-8:30 pm

- **Personal Care Attendant (PCA) Recruitment: FREE training**

*Instructor: Tripp Memorial Foundation*

*Info Session: Tuesday, 4/5/15, 5:00-6:00 pm*

Tuesday, 4/26, 5:00-9:00 pm

Wednesday, 4/27, 5:00-9:00 pm

Thursday, 4/28, 5:00-9:00 pm

Tuesday, 5/3, 5:00-9:00 pm

Wednesday, 5/4, 5:00-9:00 pm

Thursday, 5/5, 4:30-9:30 in computer lab

Register for credit-free workshops. We offer 4 easy ways—pick one!



**Online**—Register and pay 24/7 on a secure web page at [www.gcc.mass.edu/shopcreditfree](http://www.gcc.mass.edu/shopcreditfree).



**Call** (413) 775-1661 during normal business hours (please leave a message after hours or email [chastney@gcc.mass.edu](mailto:chastney@gcc.mass.edu)).



**Visit** first floor office, GCC Downtown Center, 270 Main Street: Mon–Thurs. 9 am–5 pm, Fri. 9 am to 4 pm (check, credit-card, money orders only please).



**Mail** your completed registration form (reverse side) with your check to the address indicated on that form.

Greenfield Community College is an affirmative action/equal opportunity institution.  
For disability accommodation, please contact the Coordinator of Disability Services (413) 775-1812.

# Non-Credit Workshop Registration Form

## REGISTRATION LINE: (413) 775-1661

Office of Workforce Development & Community Education (413) 775-1605

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_ Previous Last Name (if any) \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ STUDENT ID (if known) \_\_\_\_\_  
(Required)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**CODE** \_\_\_\_\_ **TITLE** \_\_\_\_\_ **PRICE** \_\_\_\_\_

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### How did you learn about this workshop? (Circle all that apply)

Lifelong Learning Guide      GCC Website      Friend/Family/Referral      Email      Career Center  
Mailed Flyer/Postcard      Radio      Newspaper      Work      Other: \_\_\_\_\_

The question below is OPTIONAL. No information provided will be used in a discriminatory manner

Please specify your ethnicity (or origin) by circling all that apply:

American Indian or Alaskan Native      Asian      Black or African American  
Cape Verdean      Hispanic/Latino      Native Hawaiian or other Pacific Islander      White

### Payment:

CHECK-If paying by check, please make check payable to GCC, and forward with registration form to:

**GREENFIELD COMMUNITY COLLEGE**  
**WORKFORCE & COMMUNITY EDUCATION**  
**270 MAIN STREET**  
**GREENFIELD, MA 01301**

CREDIT CARD-If paying by VISA, MasterCard or Discover, please mail this form and call (413) 775-1661 to complete payment transaction, and confirm registration. If you wish to register and pay 100% online, receiving immediate payment and registration notice, please go to [www.gcc.mass.edu/shopcreditfree](http://www.gcc.mass.edu/shopcreditfree).

3<sup>RD</sup> PARTY PAYMENT-If an employer or 3<sup>rd</sup> party is providing funding to take this class, by initialing below, I understand it is my responsibility to coordinate payment via that 3<sup>rd</sup> party, and hereby agree that class attendance and completion information can be provided to that party. \_\_\_\_\_ (initials required)

### Employer or 3<sup>rd</sup> Party Information (Required if 3<sup>rd</sup> Party Paying):

Name of organization (if applicable) \_\_\_\_\_ Primary Contact Person \_\_\_\_\_

Mailing Address \_\_\_\_\_ Contact Person Phone: \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Contact Person Email: \_\_\_\_\_