



PO Box 398, 605 Indian Ave.  
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## CONTINUING EDUCATION UNIT REGISTRATION (PLEASE PRINT LEGIBLY)

WORKSHOP NAME: \_\_\_\_\_

HOST: \_\_\_\_\_ LOCATION: \_\_\_\_\_

DATE(s) of WORKSHOP: \_\_\_\_\_



Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

SSN: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender: \_\_\_\_\_ M \_\_\_\_\_ F

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Ethnicity (Check One):

American Indian/Alaskan Native  Hispanic/Latino  Canadian First Nations

Asian  Native Hawaiian/Pacific Islander

Black/African American  White/Non-Hispanic

Have you attended FPCC Workshops?  Yes  No

Did you attend using another name?  Yes  No If Yes, List Name: \_\_\_\_\_

Are you an Enrolled Member of any Tribe?  Yes  No

Name of Tribe: \_\_\_\_\_ Tribal ID #: \_\_\_\_\_

Location of Tribe: City: \_\_\_\_\_ ST: \_\_\_\_\_

If "no" are you a descendent of an enrolled member (a parent or grandparent)?

Name of parent/grandparent \_\_\_\_\_

Name of Tribe: \_\_\_\_\_ Tribal ID #: \_\_\_\_\_

Location of Tribe: City: \_\_\_\_\_ ST: \_\_\_\_\_

***By signing this form, I am stating all the information provided is correct to the best of my knowledge and if I am a Tribal member I hereby grant permission to release my tribal certification to:***

FPCC P.O. Box 398 Poplar, MT 59255

 Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_