



Registration Permit



Class Title \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_

Home Address \_\_\_\_\_

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

E-Mail Address \_\_\_\_\_

Phone \_\_\_\_\_ Agency \_\_\_\_\_

Birthdate \_\_\_\_\_ Social Security # (Voluntary) \_\_\_\_\_

Have you lived in Virginia for the last twelve months? \_\_\_\_\_  
If yes, Current Virginia City or County of Residence: \_\_\_\_\_  
If No, where did you live? (please specify) Elsewhere in U.S. \_\_\_\_\_ Outside the U.S. \_\_\_\_\_

Providing the information below is voluntary. These questions comply with the U.S. Department of Education's new standards for ethnic and racial data collection.

Are you Hispanic or Latino? Yes \_\_\_\_\_ No \_\_\_\_\_

What is your race? Select any that apply.

\_\_\_ American Indian/Alaska Native \_\_\_ Native Hawaiian/Other Pacific Islander \_\_\_ Asian  
\_\_\_ White \_\_\_ Black/African American

Gender Female \_\_\_\_\_ Male \_\_\_\_\_ Not Indicated \_\_\_\_\_

Primary Language: English \_\_\_\_\_ Other \_\_\_\_\_

**Citizenship Status (see reverse for explanation)**

\_\_\_ Native (U.S. citizen at birth) \_\_\_ Naturalized (became U.S. citizen after birth)  
\_\_\_ Alien Permanent \* \_\_\_ Alien Temporary \*  
\_\_\_ Not living in the U.S. \_\_\_ Not Indicated \*

**How did you hear about this training opportunity/class?**

\_\_\_ CVCC Website \_\_\_ CVCC Newsletter \_\_\_ CVCC E-Mail Blast \_\_\_ Newspaper  
\_\_\_ Your Place of Business \_\_\_ Friend/Colleague \_\_\_ Other: please list \_\_\_\_\_

Please list additional training topics that you would find helpful: \_\_\_\_\_

Signature

Date

Mail with your check for \$49, payable to CVANE (or Central Virginia Academy for Nonprofit Excellence) to:

CVANE  
c/o CVCC  
3506 Wards Rd  
Lynchburg VA 24502