



PROLEAD CERTIFICATE PROGRAM
* There is a discount for 5+ employees

REGISTRATION FORM

(Please Print or type)

PARTICIPANT INFORMATION				
Participant's First Name:		Last:	Middle Initial:	Today's Date:
Preferred Name:	Email Address:		Birth date: / /	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Home address:		Social Security # or Hawkeye ID*:		Home phone no.: ()
City:	State:	Zip:	Cell phone no.: ()	
Occupation/Job Title:	Employer:	Industry:	Years/months in current position:	
Reason for participation (check all that apply): <input type="checkbox"/> Personal growth <input type="checkbox"/> Professional growth <input type="checkbox"/> Requested by boss <input type="checkbox"/> Desired promotion <input type="checkbox"/> Other _____				
Skills I hope to obtain:				
PAYMENT INFORMATION				
(Please fill out the first two rows if different than above information)				
Invoice to (contact name):	Email:	Phone: ()	Fax: ()	
Title:	Employer:	Employer address:	City, State, Zip:	
*Please read the following information regarding payment/billing, and check the box once you agree to the terms:		The cost of each program can be paid in full at any time. One statement will be sent at the beginning of the program and the company may choose to pay monthly. No refunds/discounts will be given for unattended sessions, invoice company will owe the full class fee regardless of employment status or number of sessions attended.		
		<input type="checkbox"/> I agree to these terms		
Signature of Participant		Date	Signature for Company Approval	

Return form by January 24, 2025 to:

Hawkeye Community College Corporate & Business Solutions
c/o Marsi Jacobs, Buchanan Hall - Suite 122
P.O. Box 8015
Waterloo, IA 50704-8015

Email: marsena.jacobs@hawkeyecollege.edu

Phone: 319-296-4223

Fax: 319-296-4423

* If you have previously taken a Hawkeye Community College class and do not know your Hawkeye ID, please contact Marsi at 319-296-4223.