



# Lussier Community Education Center

leading. learning. living.

## Building Employment and Technology Skills Program Workshop Registration Form

### Workshop Information:

Please complete the following.

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

Name of Workshop: \_\_\_\_\_ Date of Workshop: \_\_\_\_\_

What do you wish to accomplish through this workshop: \_\_\_\_\_

How did you find out about this workshop? \_\_\_\_\_

Name (please print clearly): \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Email: \_\_\_\_\_

### Participant Information:

For funding purposes, BEATS must collect the following information from participants. This information will in no way affect registration for workshops or any other LCEC program, nor will we correlate it with your name or contact information. Thank you!

Today's Date: \_\_\_\_\_

1) Which most closely describes your reason for using the lab? (circle one)

Gaining Employment / Learning Technology / Other: \_\_\_\_\_

2) Is this your first time using the lab this year? Yes / No

3) Age Category: 0-4 / 5-14 / 15-19 / 20-34 / 35-54 / 55-64 / 65-

4) Select Race: (1) Caucasian, (2) African, (3) Latino/Hispanic, (4) Asian/Pacific Islander,  
(5) Southeast Asian, (6) Native American, (7) Other, (8) Multi-Racial.

5) Do you have a disability? Yes / No

6) Residency: In Madison / Outside Madison but in Dane County / Outside Dane County.

7) Gender: Female / Male

8) Zip Code: \_\_\_\_\_

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