

Please mail registration forms to:

Maine Fire Service Institute
ATTN: Anne Heinig
19 Sewall Street
Brunswick, ME 04011
or email to
aheinig@smccme.edu





is for participants to

understanding of skills

problems — problems where the solution is either unknown or

exercising leadership

to resolve adaptive

requires significant change, or both.

develop an

associated with



## Registration Form

SMCC ID#	<u> </u>		TC	DAY'S DATE			
LAST NAME				RST		MIDI	DLE
BIRTH/OTHER NAME				MAIL			
CELL PHO	NE		нс	OME PHONE			
MAILING	ADDRESS	5					
CITY			ST	ATE	ZIP		
COUNTY_			sc	OCIAL SECURITY # (las	t 4 digits)_		
GENDER*	' FE	EMALE	MALE B	IRTHDATE*	RED FOR STUD	ENTS UNDER 1	3 YEARS OF AGE
ETHNIC G	ROUP* (c	CHOOSE ONE)	HISPANIC/I	LATINO	NOT HISPA	ANIC/LATIN	0
RACE* (CHOOSE ALI THAT APPLY)	BI	ACK OR A	INDIAN OR ALASKA NAT FRICAN AMERICAN WAIIAN OR OTHER PAC	IFIC ISLANDER	ASIAN WHITE		
			ISED FOR REPORTING PURPOSES		1		
YOUR REA		_	ING L DEGREE OI FO ANOTHER COLLEGE	R CERTIFICATESKILLS FOR EMI	-		
I HAVE BE	EEN A RE	SIDENT O	F MAINE SINCE	DNTH/YEAR	_(for non-e	ducational	purposes)
ARE YOU	A U.S. CI	TIZEN?	YES NO PROOF OF	MAINE/US RESIDENCY REQU	IRED TO QUAL	IFY FOR IN-STA	TE TUITION
DO YOU I	HAVE A F	IIGH SCHO	OOL DIPLOMAOR GED?	YES NO			
REGISTRATION YEAR TER				FALL [	SPRING		] SUMMER
COURSE CODE	COURSE NUMBER	COURSE SECTION	COUR	SE TITLE	CREDITS	<b>A</b> AUDIT <b>R</b> REPEAT	OFFICIAL USE
	F0521		EXERC. LEADERSHIP TO FACIL	ITATE ADAPTIVE CHANGE			
L_							
STUDENT SI	IGNATURE						



In Service Since 1948

## **Program Billing Procedure**

In the past, MFSI has collected payment for programs and courses at the time of registration. However, in an effort to avoid delays in departments/individuals/agencies receiving their reimbursement funds for canceled programs, we will not be collecting payment for any program until after it has begun.

Please use this form to provide information about the intended payment method (whether it will be an individual or a fire department/other agency) so that MFSI can invoice the payer after the program's start date. We ask that you write legibly or type your responses.

Your application will not be considered complete without this form filled out in its entirety.

Payment method*: Purchase order from fire	Personal check							
Purchase order number (if applicable):								
Payer (name/department name):								
Candidate's name (if different from payer):								
Course name:	Course location:							
Payer's address for receipt of invoice:								
Email address or phone number of payer (no	at candidate).							
Eman address of phone number of payer (not candidate).								

This form, and all other registration materials, should be submitted to Anne Heinig at aheinig@smccme. edu or MFSI, ATTN: Anne Heinig, 19 Sewall Street, Brunswick, ME 04011.

If you have any billing questions, please contact Nancy Russell at nrussell@smccme.edu.

\*Please note: MFSI cannot accept payments made via credit card.







