

THE COMMUNITY COLLEGE OF BALTIMORE COUNTY (CCBC)

STATE OF MARYLAND PRE-RETIREMENT PLANNING SEMINARS FALL 2016 (For Members of Participating Boards of Education, County and Local Governmental Units)

Members within 8 years of retirement and their spouses are eligible to attend the following one-day seminars which begin at 8:30 a.m. and end at 4:00 p.m. An email confirmation will be sent no later than 2-3 weeks prior to your scheduled date.

Please list first and second choices to the seminar you wish to attend on the registration form.

EA __ September 9 (Friday) Allegany College Cumberland, MD	EG __ October 11 (Tuesday) CCBC, Owings Mills Center Owings Mills, MD	EM __ November 14 (Monday) Hagerstown Community College Hagerstown, MD
EB __ September 13 (Tuesday) Prince George's Co. RMS Bldg. Largo, MD	EH __ October 14 (Friday) Worcester County Government Snow Hill, MD	EN __ November 28 (Monday) Towson University Towson, MD
EC __ September 22 (Thursday) Anne Arundel Dept. of Health Annapolis, MD	EI __ October 21 (Friday) CCBC, Catonsville Campus Catonsville, MD	EO __ November 29 (Tuesday) Anne Arundel Dept. of Health Annapolis, MD
ED __ September 29 (Thursday) Harford Community College Bel Air, MD	EJ __ October 28 (Friday) Prince George's Co. RMS Bldg. Largo, MD	EP __ December 1 (Thursday) CCBC, Essex Campus Essex, MD
EE __ October 5 (Wednesday) CCBC, Essex Campus Essex, MD	EK __ November 4 (Friday) Carroll Community College Westminster, MD	LE __ December 7 (Wednesday) Harford Community College Bel Air, MD (Law Enforcement Only)
EF __ October 6 (Thursday) Howard Community College Columbia, MD	EL __ November 9 (Wednesday) Eastern Shore Hospital Center Cambridge, MD	

*For information call: 443-840-1632
Or email: scullip@ccbcmd.edu*

SEE OTHER PAGE TO FILL OUT REGISTRATION FORM

STATE OF MARYLAND PRE-RETIREMENT PLANNING
(For Members of Participating Boards of Education, County and Local Governmental Units)
REGISTRATION FORM – FALL 2016

For information call: 443-840-1632 or email: scullip@ccbcmd.edu

NAME _____
Last First Middle Initial

ADDRESS _____
Number and Street City State Zip Code

EMPLOYER _____ DATE OF BIRTH _____
County/City Agency (REQUIRED) Month Day Year

WORK PHONE _____ HOME/CELL PHONE _____

EMAIL ADDRESS _____ COUNTY OF RESIDENCE _____
(This email address will be used to send your confirmation)

ARE YOU A STATE EMPLOYEE? Yes No

ARE YOU A MEMBER OF ANY OF THE FOLLOWING PENSION SYSTEMS?
 Correctional Law Enforcement (LEOPS) State Police

WILL SPOUSE ATTEND? Yes No ***If Yes, please complete the following information:***

SPOUSE'S FIRST NAME: _____ SPOUSE'S LAST NAME: _____

Employee's Signature _____ **Date** _____
(Required) *(I authorize CCBC to release this information to the State of Maryland)*

Please indicate any assistance required to accommodate a disability or physical condition: _____

Are you of Hispanic or Latino origin? Yes No

What is your race? Select one or more of the following categories:

- White Black or African American Asian
 American Indian or Alaska Native Native Hawaiian or Other Pacific Islander

SUBMIT YOUR COMPLETED FORM:

VIA EMAIL: scullip@ccbcmd.edu (must email a signed copy)

VIA FAX: 443-840-1856 (Attention Sarah Cullip)

ONLINE: <http://www.ccbcmd.edu/ceed-preretirement-county>

MAIL TO: The Community College of Baltimore County (CCBC)
Pre-Retirement Planning Registration, BESS 116
7201 Rossville Boulevard
Baltimore, MD 21237

**Please list first and second
choices here:**

1st choice _____

2nd choice _____

For Office Use Only:
Course # MAN 969 _____
Date: _____