

THE COMMUNITY COLLEGE OF BALTIMORE COUNTY (CCBC)

**STATE OF MARYLAND PRE-RETIREMENT PLANNING SEMINARS FALL 2009
(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. A letter of confirmation will be sent no later than seven business days prior to your scheduled date.

Please place “1” (first choice) and “2” (second choice) next to the seminar you wish to attend.

QA__ September 18 (Friday)
CCBC, Owings Mills Center
Owings Mills, MD

QB__ September 26 (Saturday)
CCBC, Essex Campus
Essex, MD

QC__ September 29 (Tuesday)
Mt. Saint Mary's University
Frederick, MD

QD__ October 3 (Saturday)
CCBC, Catonsville Campus
Catonsville, MD

QE__ October 9 (Friday)
Salisbury University
Salisbury, MD

PN__ October 19 (Monday)
CCBC, Essex Campus
Essex, MD
(LEOPS Only)

QF__ October 22 (Thursday)
Department of Agriculture
Annapolis, MD

QG__ October 28 (Wednesday)
Harford Community College
Bel Air, MD

QH__ October 30 (Friday)
College of Southern MD
La Plata, MD

QI__ November 2 (Monday)
Eastern Shore Hospital Center
Cambridge, MD

QJ__ November 5 (Thursday)
Western MD Hospital Center
Hagerstown, MD

QK__ November 7 (Saturday)
CCBC, Catonsville Campus
Catonsville, MD

QL__ November 13 (Friday)
Prince George's Community College
Largo, MD

QM__ November 19 (Thursday)
CCBC, Hunt Valley Center
Hunt Valley, MD

QN__ December 7 (Monday)
CCBC, Essex Campus
Essex, MD

QO__ December 9 (Wednesday)
Montgomery College
Rockville, MD

SEE REVERSE SIDE FOR REGISTRATION INFORMATION

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

REGISTRATION FORM – FALL 2009

Please print all information:

NAME _____
Last First Middle Initial

ADDRESS _____
Number and Street City State Zip Code

EMPLOYER _____

WORK PHONE _____ HOME PHONE _____

EMAIL ADDRESS _____

DATE OF BIRTH _____ (REQUIRED) _____ Male _____ Female
Mo. Day Yr.

Please indicate any special assistance required for a handicapped condition. _____

Will spouse attend? Yes _____ No _____ **If Yes, please complete the following information:**

_____ Last name First Middle Initial

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

MAIL COMPLETED FORM TO:

(Please be sure to fill out and submit both sides of form)

The Community College of Baltimore County (CCBC)
Pre-Retirement Planning Registration, L129
7201 Rossville Boulevard
Baltimore, MD 21237

OR FAX TO:

Fax Number: 443-840-1856
Attention: Sarah Cullip

For information call: 443-840-1632

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