

**THE COMMUNITY COLLEGE OF BALTIMORE COUNTY (CCBC)**

**STATE OF MARYLAND PRE-RETIREMENT PLANNING SEMINARS FALL 2007  
(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.**

HA__ September 21 (Friday) CCBC, Essex Campus Essex, MD	HF__ October 20 (Saturday) CCBC, Catonsville Campus Catonsville, MD	HL__ November 13 (Tuesday) Western Maryland Hospital Center Hagerstown, MD
HB__ September 24 (Monday) Salisbury University Salisbury, MD	HG__ October 26 (Friday) Prince George's Community College Largo, MD	HM__ November 17 (Saturday) CCBC, Essex Campus Essex, MD
HC__ September 28 (Friday) Department of Agriculture Annapolis, MD	HH__ October 29 (Monday) CCBC, Hunt Valley Center Hunt Valley, MD	HN__ November 26 (Monday) Department of Agriculture Annapolis, MD
HD__ October 3 (Wednesday) Frederick Community College Frederick, MD	HI__ October 30 (Tuesday) Carroll Community College Westminster, MD	HO__ November 30 (Friday) CCBC, Owings Mills Center Owings Mills, MD
HE__ October 4 (Thursday) Harford Community College Bel Air, MD	HJ__ November 5 (Monday) Eastern Shore Hospital Center Cambridge, MD	HP__ December 14 (Friday) Montgomery College Rockville, MD
	HK__ November 9 (Friday) College of Southern Maryland La Plata, 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 2007**

**Please print all information:**

NAME \_\_\_\_\_  
Last First Middle Initial

ADDRESS \_\_\_\_\_  
Number and Street City State Zip Code

EMPLOYER \_\_\_\_\_

WORK PHONE \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_  
(OPTIONAL)

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:

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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, N106  
7201 Rossville Boulevard  
Baltimore, MD 21237

**OR FAX TO:**

Fax Number: 410-780-6856  
Attention: Sarah Cullip

For information call: 410-780-6632

**For Office Use Only:**  
**Course # MAN**  
**969 \_\_\_\_\_**  
**Date:**