

Layout Mania

Join us to create five two-page layouts and learn a few tricks along the way. You will add your photos on your own.

Bring to class: adhesives, including tape runner or doublesided tape; detail glue pen; flat sticky dots, pop dots or foam tape; scissors; 12-inch cutter; and piercing tool. All other supplies will be provided.



Saturday, Aug. 17, 2024

Jack J. Huck Continuing Education Center 301 S. 68th St. Place, Lincoln • Room 404 9 a.m.-Noon • \$69

> **Instructor: Van Winkle** Course Number: LLLX-0574-CEUA

Register online at southeast.edu/continuing **Online Registration Keyword: Layout**









For more information, contact us at continuinged@southeast.edu or 402-437-2700.

Cancellation/Refund Policy: You must call the Continuing Education office at 402-437-2700 or 800-828-0072 the day before the class begins to receive a 100% refund. If you call the day of the class or after it has started, no refund will be issued. If a class is cancelled or student drops (according to the refund policy), refunds will be issued to the student, unless a third party has been formally billed by SCC Business Office. ADA Reasonable Accommodations: SCC provides services and reasonable accommodations to allow persons with disabilities to participate in educational programs and other College activities. For information on requesting ADA reasonable accommodations, contact the SCC Area Access/Equity/Diversity Office.

								R	Registration Form - Non-Credit Course																
			COMMUNITY COLLEGE						FAX E c	or o	mail ation	to: S 1, 30	rm with payment informutheast Community (College, Continuing coln, NE 68510			The College requests, but d a student provide their Soc number during the admissi Visit southeast.edu/college			eir Social : dmissions collegecat	al Security ons process.		Today's Date		
*Required PLEASE PRINT FAX: 402-437-2703												437-							nformation.				<u>''</u>		
Social Security Number OR SCC Student ID Number Name: * Last														* First Middle				iddle Initial	*Email Address						
Residence	Residence Mailing Address * City											* Cit	у		* State	* Zi	р		County #		* □ Cell □ Home Phone				
☐ Male ☐ Female ☐ Hispanic or Latino ☐ Nativ											□н	spanic or Latino 🔲 Nativ	e Hawaiian or Other Pacific Islander 🚨 Bla				l Asian l Black or African Ameri	or Non-Resident			Business Pho	usiness Phone			
	COURSE NUMBER							SECTION					TITL	TITLE				DATE			LOCATION	START TIME	COST		
L L		L X 0 5 7 4 C E U A							ayout Mania					Aug.	17, 202	4	CEC, 404	9 a.m.	\$69						
CICHATURE														\ \	/ould you li		SCC Staff Tu	ition Wa	ion Waiver ()) FOR OFFICE USE			
□Check	IGNATURE □ Check □ Mastercard □ AMEX □ Discover □ VISA V Code Checks may be converted into an electronic fund transfer, resulting in funds being held or removed immediately.)												ode	receipt mailed to you?				TOTAL DUE					ID#		
										-			Exp.Date	Submission to a grade	of this form indica	tes that	: I underst	tand: 1) that my	registra	tion is comple	te and tha	it I am accountab	le for the tuition and fe	es and subject	
CC #												•	to a grade in the courses listed; 2) that should I officially drop, cancel, or withdraw, any refund in tuition will be determined by the date I submit my request to Continuing Education; 3) that failure to attend a course does not constitute an official drop/withdrawal; 4) the personal information contained herein is correct as shown; and 5) any changes in SSN, legal name, address, residency, etc. must follow the College procedures in the												
For the pr	or the protection of your personal credit card information, do not email this form to SCC. If												ail this form to SCC. If	sex*, age, n	narital status, natio	nal origi	in, ethnici	ity, veteran stat	us, sexua	al orientation,	disability,	or other factors i	minate based on race, co prohibited by law or Col ion on discrimination or	lege policy.	