



Essential Team Skills

Sept 30 - Oct 14 | Wed, 1:30 - 3:00 p.m.

Webinar | Nancy Brede

The Essential Team Skills modules help employees build and strengthen team relationships. Modules focus on cultivating cooperative team environments, communicating clearly, and effective listening abilities. Explore how to:

- get information to the right people, at the right time
- bring problems to the forefront
- build strong working relationships

The course is offered via BlueJeans, WITC's web conferencing software. You will receive log-in information about 3 days prior to class through the email address you provide when you register.

Class # 65605 (47-196-472)

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\$35.00 | \$14.16 (62+)



MEET THE INSTRUCTOR

Nancy Brede brings 20 years of experience in implementing new initiatives and programs for businesses and agencies of all sizes, across all sectors, with uncompromising integrity, skill and professionalism. She has steered teams of three to 100 people toward greater productivity, professionalism and profit. She offers a well-rounded perspective from a BA in Nursing, an MBA and experience as a veteran officer in the United States Air Force.

HOW DO I REGISTER?



ONLINE
courses.witc.edu



PHONE
VISA, MasterCard, Discover



MAIL
Send registration & payment
to your local WITC campus

WITC-Ashland
2100 Beaser Ave
Ashland, WI 54806
715.682.4591 ext. 3575

WITC-New Richmond
1019 S. Knowles Ave.
New Richmond, WI 54017
715.246.6561 ext. 4145

WITC-Rice Lake
1900 College Dr.
Rice Lake, WI 54868
715.234.7082 ext. 5045

WITC-Superior
600 N 21st Street.
Superior, WI 54880
715.394.6677 ext. 6050



WISCONSIN
INDIANHEAD
TECHNICAL
COLLEGE

REGISTRATION FORM

for Continuing Education (non-credit) Courses

WITC is an equal opportunity employer/educator.

Last Name First Name M.I. Former Last Name (if applicable) Date of Birth Age 62+?

WITC Student ID No. No student ID, or don't remember? Provide Social Security No. I've taken classes at WITC in the past.

Email address (required for WITC alerts and important communication) Home phone Cell phone

Home address City State ZIP

Resident of (check one): Township Village City County School District where you live Last high school attended COMPLETED (K-12): _____

The information below is required for state and federal reporting purposes, and will be kept confidential.

Gender: Male Female **Ethnicity:** Hispanic/Latino origin? Yes No
Race (check all that apply): American Indian/Alaska Native Asian Black/African American Native Hawaiian/Other Pacific Islander White
Highest Credential Earned
01 = No Credential 05 = Some college credit 08 = 2yr Diploma 11 = Baccalaureate
02 = GED 06 = Short-term diploma or certificate 09 = Associate Degree 12 = More than Baccalaureate
03 = HSED 07 = 1yr Diploma 10 = Associate Degree 99 = Student Declined/Unknown
04 = High School Diploma Plus Additional Credential

OFFICE USE ONLY	
Term:	_____
<input type="checkbox"/> 38.14 Contract #	_____
<input type="checkbox"/> Employer #	_____
Course Fees \$	_____
Senior Fee \$	_____
Other	_____
Received By/Ext.	_____
Date/Time	_____

It is your responsibility to contact WITC to officially drop a class. If you decide to drop, you should do so immediately as a single day can affect your refund amount. A full refund will be given if you notify WITC prior to the first scheduled class meeting.

CLASS NO.	CATALOG NO.	CLASS TITLE	LOCATION	START DATE	CLASS FEE

Once registered for a course(s), you have created a liability with WITC and a promise to pay. **TOTAL**

PAYMENT METHOD: Check or money order payable to WITC Cash MasterCard Visa Discover Exp. Date _____ Security Code _____
 Agency Bill/Sponsored Registration - complete information below; attach required authorization Month / Year

Credit Card No. Name on Card Cardholder Signature

Traffic-Related Registration: Motorcycle, Traffic Safety, Group Dynamics, Multiple Offender
 Driver's License Number _____ Assessment Agency and Date _____

Youth Registration: With parent/guardian permission, students age 16 or younger can attend WITC courses scheduled outside student's normal school hours.*
 *Some courses may have minimum age prerequisites.
 Signature of Parent/Legal Guardian _____ Date _____

Sponsored Registration: If an agency or employer has agreed to pay your tuition, complete the section below and attach written authorization.
 Name of Business/Agency _____ EMS/Fire Sponsor _____
 I authorize WITC to forward information regarding the completion of this course to the sponsor listed above. _____
Student Signature