

2016 GM CERTIFICATION COURSE REGISTRATION FORM

ON-SITE CLASSES / M-TEC FACILITY
7900 Tank Avenue, Warren, Michigan 48092

**GM Vehicle Systems employees: do not complete financial information.
Tuition paid from established budget.**
All other GM employees are charged a discounted rate of \$250 per day.

PLEASE COMPLETE THIS FORM and **EMAIL** to langd@macomb.edu or **FAX** to 586.498.4101. Individuals may take the certification test without attending the course if he/she feels proficient with the subject matter (place-out certification test). **If you arrive more than 15 minutes late, you will be asked to reschedule your exam.** For more information, call Macomb's Workforce & Continuing Education Dept. at 586.498.4100.

Complete course descriptions & registration forms can be found at:
<http://www.macomb.edu/business/workforce-development/general-motors.html>

NOTE: Registration is closed one week prior to start date.

PLEASE INDICATE PROGRAM

Global Common Controls Hardware (GCCH-1) V6.0 LMS# 33543 ~ Each Session = \$900.00

****Recommended:** Controls Engineer or Designer experience

GCCH-1 Place-out ~ Each Session = \$199.00

12/16/16 (Fri ~ 1:00pm- 5:00pm)

GCCH-1 Online course and Place-out exam Registration Form can be found at:

<http://www.macomb.edu/business/workforce-development/gm-certification.html>.

Global Common Controls Software (GCCS-2) V6.0 LMS# 33544 ~ Each Session = \$1,200.00

****Pre-Requisite:** RS Logix 5000 Basic Ladder Logic Programming Experience

12/19/16-12/22/16 (Mon-Thur ~ 8:00am-4:30pm)

GCCS-2 Place-out ~ Each Session = \$199.00

12/16/16 (Fri ~ 1:00pm-5:00pm)

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PERSONAL IDENTIFICATION INFORMATION

Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Fax: _____

Please choose one of the following:

- GM Vehicle Systems employee
- GM employee _____
(Plant Name)
- GM supplier _____
(Company Name)

Please provide the appropriate credit card information below:

CREDIT CARD INFORMATION

Please charge the following credit card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover		
Authorized Card Holder Name		
Credit Card #		
Exp. Date		Billing Zip Code (REQUIRED)
Three Digit Security Code Found on Back of Card		TOTAL

****If email receipt requested ~ please send to:** _____

NOTE: IF PAYING BY PURCHASE ORDER OR PREFER TO BE INVOICED, PLEASE EMAIL langd@macomb.edu

PO # _____ **PO Date** _____

Please provide address where certificates and test results should be mailed if different from address listed above.
