







- · Explore Pittsburgh's Tech Industry
- · Daily talks by industry professionals
- Topics: Advanced Manufacturing, AI, UX/UI Design, Cybersecurity, Gaming, Robotics, IT
- Field trip to workplaces and universities

SIGN UP NOW!



WHEN?

10:00AM - 1:30PM JUNE 24 - JULY 3 MONDAY - THURSDAY

WHERE?

CCAC BRADDOCK HILLS CENTER 250 YOST BLVD, PITTSBURGH, PA 15221



Community Training & Development

Non-Credit Registration Form

www.ccac.edu/workforce

Please print. Complete and return this form with payment (if applicable). No further notice will be provided.

Please print. Complete and	1 return this to	iiii wiiii payii	en (ii a	арріісаріє І	e). NO	iuithei i	lotice wi	ii be provided.				
Date of Birth (required for e	enrollment) MN	//DD/YYYY:										
Last Name:				First Na	ame:					Middle	Initial:	
Street Address:										Apt:		
City:				State:			Zip:		County:			
Home Phone:					Al	Iternate F	hone:					
Email Address:										New Addres	ss (X):	
Are you a dependent of a Veteran (circle one)? No - Yes (see below) Service						If YES to either question, please contact the CCAC Veterans es Office at 412.237.6503.						
	Veteran not using using						information is compiled by the college for statistical purposes only and no ntifiable information will be released. Do you consider yourself to be Hispanic/Latino/Spanish Origin? Married					
Place of Permanent Address (check one) □ Allegheny County (1) □ Widowed					orced/	☐ Separated In addition, select one or more of the following racial categori to describe yourself:					jories	
□ Out-of-State (5) □ Out-of County					Sex: □ Ma		□ Fema	ıle □ Black	can Indian/Ala or African Ame Hawaiian or F		n e or Cauca:	sian
Payment Must Be Enclored Print Phone Number on Chemother Mail or Email CCAC ~ M.J. To: BRADDOCK 250 YOST BIE BRADDOCK MGUERCIOG	eck or Money GUERCIO HILLS CENT LVD HILLS, PA 1	Order (Check FER	ks Paya	able to CC	CAC).		inform Studen by ma	se CCAC cares ab mation by mail. Ple 412-788-7546 to re ts not attending the ail or at 412-369-37 CCAC will notify re	ease visit ccac egister if you p REFUND PO program (cou O1 BEFORE t	c.edu, any CCAC prefer to pay by c DLICY: urse) must notify the first day in or lents in the event	C facility; o redit card. CCAC in p der to rece	person, eive a
Course Number Semester Course Title					Cou	ırse Locati	on	C	cost			

Course Number	Semester	Course Title	Course Location	Cost (if applicable)
YOU-691-58101	N24SU	STEM CAMP CS EXPLORERS 5 TH - 8 TH GRADES (JUNE 24 TH - JULY 3 RD)	BRADDOCK HILLS CTR BHC	N/A

Student Signature (Required for enrollment)		Date	
If sponsored, Authorizing Agency			
	& Signature	Date	

I agree that once I register, I become legally bound by and agree to the terms of Community College of Allegheny County Student Financial Responsibility Agreement and as such become responsible for all charges incurred, unless I drop classes during the designated refund period.



If you require special arrangements, contact the nearest CCAC Supportive Services office prior to class:
Allegheny – 412.237.4612 • Boyce – 724.325.6604
North – 412.369.3686 • South – 412.469.6207
TTY – 412.369.4110 & 412.469.6005