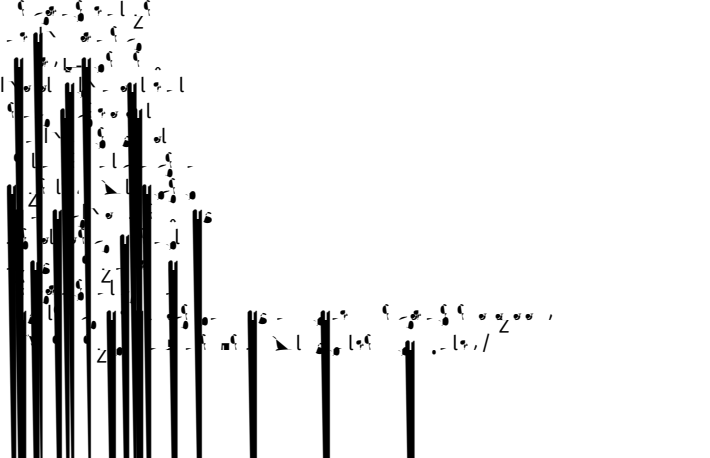
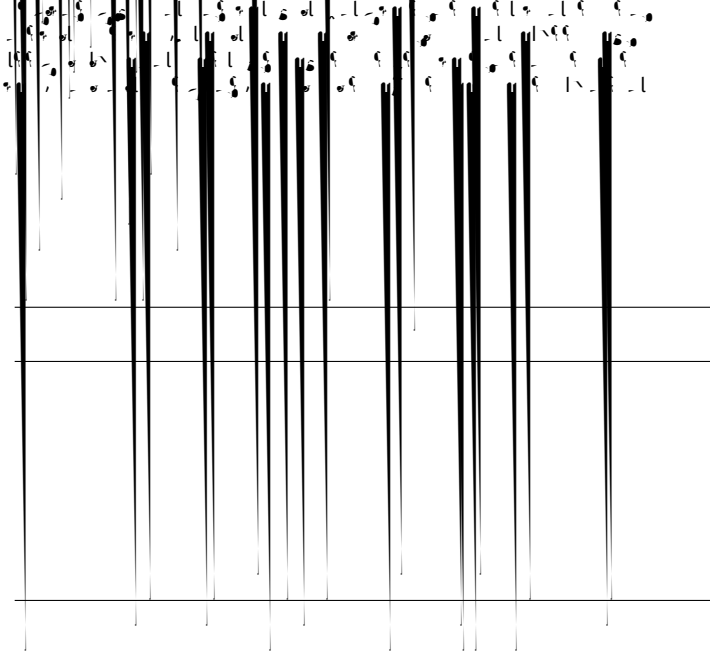


Welcome to
Medicare



Navigating Medicare.gov



REGISTER ONLINE

You must have an email account to register online.

1. Go to <http://bit.ly/RegisterCE>
2. Search for your class by entering a key word in the title or the course number. Click Submit. (Enter information in only one field for broader results.)
Key Word Example: Driver
Course Number Example: TRAN-3398
3. Select the course for which you wish to register. Click Submit.
4. Enter your personal information, certify your identification and click Submit.
* You must provide your Social Security Number.
5. Optional: Enter your Additional Registration Information and click Submit.

6. If you want to register for additional classes, select Search for more classes under "Choose one of the following." If you are finished selecting the class(es) for which you want to register, select Register now (check out). Select your Payment Type. Click Submit.
7. Enter your payment information. Click Submit.

You will see your class acknowledgement with information about your SCC Student ID Number, SCC User ID and password. Print this page for your records.

In the future it will be easy to register by logging in using your SCC User ID and password and it will not be necessary to provide your Social Security number again.

If you have problems getting registered, please call 402-437-2700 or 800-828-0072 for assistance.

* The College requires a student's Social Security number as a condition for enrollment online. A student's Social Security number information constitutes an "educational record" under FERPA.

OR REGISTER BY MAIL, FAX OR IN PERSON

Registration Form - Non-Credit Course

COURSE NUMBER	TITLE	START DATE	COST
			\$
			\$
			\$

Submission of this form indicates that I understand:
1) that my registration is complete and that I am accountable for the tuition and fees and subject to a

Check (must be included) (Checks may be converted into an electronic fund transfer, resulting in funds being held or removed immediately.)

Z **U** **H** V Code _____

Name as it appears on card: _____

Exp. Date _____ CC # _____

For the protection of your personal credit card information, do not email this form to SCC. If faxing, only use the fax number listed or verify with SCC before using another SCC fax number.