

**Dream  
Daze  
Scrapbook  
Retreat**

**"April Fool's"**



***Friday & Saturday,  
April 5 & 6, 2019***

Southeast Community College  
Beatrice Campus  
Truman Center, Gymnasium  
4771 W. Scott Road  
Beatrice, NE

*Southeast*  
community college

**[www.southeast.edu/beatricece](http://www.southeast.edu/beatricece)**

# Dream Daze Scrapbook Retreat "April Fool's"

April is National Humor Month and the perfect time to dust off your cropping tools and papers and get your funny bone ready to "laugh it up."

The therapeutic value of humor meets the creative side when you and your clowns come together for this "stand up" event.

Prizes will be awarded for the most comical costume so come dressed up and ready for a belly laughing good time.



#### Confirmed Vendors to Date:

- Creative Memories
- Kiwi Lane Designs
- Echo Park
- Stamping Up
- Close to my Heart
- More vendors to be announced

**Friday & Saturday, April 5 & 6**  
**Options**

|                                                 |                                                                                |                                                                                |
|-------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <b>Two Full Days</b><br>☐ 9 a.m.-Midnight, \$50 | <b>Fri., April 5</b><br>☐ 9 a.m.-4:30 p.m., \$15<br>☐ 4:30 p.m.-Midnight, \$15 | <b>Sat., April 6</b><br>☐ 9 a.m.-4:30 p.m., \$15<br>☐ 4:30 p.m.-Midnight, \$15 |
|-------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------|

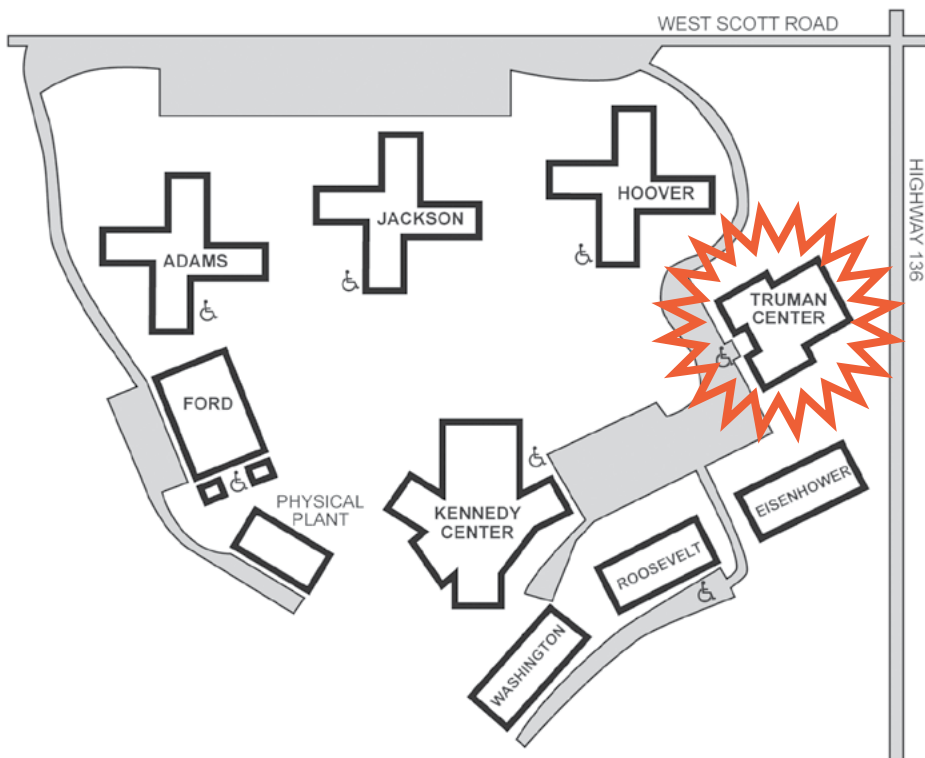
SCC Beatrice Campus, Truman Center, Gymnasium, 4771 W. Scott Road, Beatrice  
Instructor: Diana Dell

*Pre-registration is required and easy with SCC. Participants may bring their own food and non-alcohol drinks to the retreat.*

*Please write on your registration form who you would like to be seated next to.*

For registration questions, contact us at 402-437-2700, 800-828-0072 or [continuing@southeast.edu](mailto:continuing@southeast.edu).  
For questions regarding the event, contact Diana Dell at 402-806-2738.

**Southeast Community College, Beatrice Campus**  
**Truman Center, Gymnasium**  
4771 W. Scott Road, Beatrice, NE



## REGISTRATION QUESTIONS

Southeast Community College  
Continuing Education  
402-437-2700 • 800-828-0072  
continuinged@southeast.edu

## CANCELLATION/REFUNDS

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.

# REGISTRATION FORM - NON-CREDIT COURSE

Southeast community college

Complete this form with payment information and send via FAX or mail to:  
**SCC Continuing Education Division**  
**4771 W. Scott Road, Beatrice, NE 68310**  
**FAX: 402-228-2218**

The College requests, but does not require, a student provide their Social Security number during the admissions process. Visit [www.southeast.edu/collegecatalog](http://www.southeast.edu/collegecatalog) for additional information.

**PLEASE PRINT**

| 2019 QUARTER                    |                                            |
|---------------------------------|--------------------------------------------|
| <input type="checkbox"/> SUMMER | <input type="checkbox"/> WINTER            |
| <input type="checkbox"/> FALL   | <input checked="" type="checkbox"/> SPRING |

|                                                 |                                                                             |                                                                                                                           |                                                                                                                                                                                                 |                                                                                      |                                                                                     |               |                                                                       |
|-------------------------------------------------|-----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------|-----------------------------------------------------------------------|
| Social Security Number OR SCC Student ID Number |                                                                             | Name: Last                                                                                                                |                                                                                                                                                                                                 | First                                                                                | Middle Initial                                                                      | Email Address |                                                                       |
| Residence Mailing Address                       |                                                                             |                                                                                                                           | City                                                                                                                                                                                            | State                                                                                | Zip                                                                                 | County #      | <input type="checkbox"/> Cell <input type="checkbox"/> Business Phone |
| Birth Date                                      | Gender:<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | Ethnicity (select one):<br><input type="checkbox"/> Hispanic or Latino<br><input type="checkbox"/> Not Hispanic or Latino | Race (select one or more):<br><input type="checkbox"/> White<br><input type="checkbox"/> Native Hawaiian or Other Pacific Islander<br><input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian<br><input type="checkbox"/> Black or African American | <input type="checkbox"/> Nebraska Resident<br><input type="checkbox"/> Non-Resident |               | Home Phone                                                            |

## Dream Daze Scrapbook Retreat

### Friday & Saturday, April 5 & 6

**Please Check:**  **Fri. & Sat., April 5 & 6**  
**9 a.m.-Midnight, \$50 (BBBX-1999-BESA)**

**Fri., April 5**

- 9 a.m.-4:30 p.m., \$15 (BBBX-2000-BESA)
- 4:30 p.m.-Midnight, \$15 (BBBX-2000-BESB)

**Sat., April 6**

- 9 a.m.-4:30 p.m., \$15 (BBBX-2000-BESC)
- 4:30 p.m.-Midnight, \$15 (BBBX-2000-BESD)

I would like to sit near the following people who also plan to attend:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

Check  Cash  Mastercard  AMEX  Discover  VISA V Code \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Exp.Date \_\_\_\_\_ CC # \_\_\_\_\_

Billing agency (**INCLUDE LETTER OF AUTHORIZATION ON COMPANY LETTERHEAD**)

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.

Would you like a receipt mailed to you?  
 Yes  No

|                              |
|------------------------------|
| SCC Staff Tuition Waiver ( ) |
| <b>TOTAL DUE</b>             |

| FOR OFFICE USE ONLY |
|---------------------|
| ID# _____           |
| DE _____            |

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 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 Student Handbook and College Catalog. It is the policy of SCC to provide equal opportunity and nondiscrimination in all admission, attendance, and employment matters to all persons without regard to race, color, religion, sex, age, marital status, national origin, ethnicity, veteran status, sexual orientation, disability, or other factors prohibited by law or College policy. Inquiries concerning the application of SCC's policies on equal opportunity and nondiscrimination should be directed to the Vice President for Access/Equity/Diversity, SCC Area Office, 301 S. 68th St. Place, Lincoln, NE 68510, or [jsoto@southeast.edu](mailto:jsoto@southeast.edu).

# Register Online for SCC Continuing Education Classes

You must have an email account to register online.

1. Go to <http://bit.ly/RegisterCE>.
2. **Search for your class** by entering either 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**. You also will receive an email with this same information 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.

## *Southeast Community College*

Jack J. Huck Continuing Education Center,  
301 S. 68th St. Place, Lincoln, NE 68510  
402-437-2700 • 800-828-0072 • FAX 402-437-2703

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