Transfer Success Center Cherry Creek – Room 111 Campus Box 208 P.O. Box 173363 Denver, CO 80217

Fax: 303-352-3180 Phone: 303-556-2461 Email: transfer@ccd.edu





CCD Transfer Success Center Event Registration Form

The Transfer Success Center invites	you to register for the	e following events:	
Transfer Fair:			
	(Insert Date H	lere)	
Recruitment Table: See attached	Semester Schedule *	Choose up to 5 dates per sem	ester; limited to 1 visit per month
4-Year Institution University – Sp	ecific Sessions		
Host a Campus Tour (Talk & Tou	ır)		
Please include in subject line: Regist	ration – (Event Name)	
Name:First		Last	
Phone #:			
Email:			
Title:	College/University:		
Address:			
	City	State	Zip
Representative:			
Print Name		Signature	Date
If you have any questions please fee	el free to email:		
		Transfer@ccd.edu	
(Insert Name Here)		_	

Thank you for your participation. We look forward to working with you this semester.