

COURSE REGISTRATION FORM

OSHA SGE Group _____



FAX to: 603-645-0080 • Scan & email: oshaed@keene.edu
 Mail to: OSHA Training Institute Education Center
 1050 Perimeter Rd., Suite 202, Manchester, NH 03103

BIRTH DATE: TODAY'S DATE:

MO	DAY	YR	MO	DAY	YR
----	-----	----	----	-----	----

LEGAL NAME: _____
 as it appears on
 Valid Gov't ID

LAST FIRST MI SUFFIX

COMPANY NAME: _____

JOB TITLE: _____

BUSINESS ADDRESS: _____
 STREET/RFD/BOX

 CITY/TOWN STATE ZIP

PERMANENT (HOME) ADDRESS: _____
 STREET/RFD/BOX

 CITY/TOWN STATE ZIP

WORK PHONE CELL PHONE FAX NUMBER HOME PHONE

PERSONAL EMAIL ADDRESS BUSINESS EMAIL ADDRESS

Note to Student Registering: Provision of email and telephone contact information implies consent to be contacted for registration, attendance and transcript records use, and future communication for announcements and updates. Data collected for registration is confidential and is not publically released, rented or sold. I wish to further restrict information Initial here: _____

Check Appropriate Boxes

Resident of N.H. Not a resident of N.H.
GENDER: Male Female
U.S. CITIZEN: Yes No
 If "No", currently a citizen of: _____

ETHNICITY:

What is your racial background?

American Indian/Alaskan Native
 Black, Non-Hispanic Origin
 Asian/Pacific Island
 Hispanic
 White, Non-Hispanic Origin
 Other _____

I certify that to the best of my knowledge the information herein is correct and complete.

My signature on this form confirms that, should my employer default on this agreement, I am responsible for any and all charges incurred by Keene State College, including any additional collection costs associated with the satisfactory conclusion of this debt.

X

 Student Signature

NON-CREDIT COURSES	COURSE NUMBER	COURSE TITLE	START DATE	END DATE	LOCATION	TUITION
						COURSE 1 TUITION
						COURSE 2 TUITION
						LATE FEE* \$25.00
						NET BALANCE DUE

*** LATE REGISTRATION FEE:** A late fee of \$25 will be assessed to cover administrative expenses, if registration is within 5 business days of the course start date.

[Terms and Conditions of registration can be found at OSHAedNE.com \(located with the Registration Forms\).](http://OSHAedNE.com)

Payment Information: Confirmation will be emailed to the individual registering, unless otherwise informed.

Account # SPECIFY: VISA MasterCard Discover CVV# Expiration Date

PRINT Cardholder Name Charge \$ _____ to my credit card.

X
 Cardholder's Signature (I have authorized credit card payment.) Cardholder's Billing Address if different from above

PURCHASE ORDERS OR CHECKS:

Please make checks or purchase orders payable to: **Keene State College.**

Enclosed is my check or purchase order for \$ _____

Purchase order number and/or check number _____

Purchase order MUST accompany registration

