

# OTIEC/KSC REGISTRATION FORM

FAX to: 603-645-0080 • Scan & email: oshaed@keene.edu

OSHA     SGE     Group \_\_\_\_\_



Mail to: OSHA Training Institute Education Center

1050 Perimeter Rd., Suite 202, Manchester, NH 03103

LEGAL NAME: \_\_\_\_\_  
 BIRTH DATE: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_  
 MO DAY YR MO DAY YR  
 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 \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**Note to OTIEC Region 1 / Keene State College Safety Education Center course registrants:** 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 I have given 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's 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).**

### Payment Information: Once payment is received, a letter and registration packet will be sent to your home address or emailed upon request.

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**

