OTIEC/KSC REGISTRATION FORM	☐ OSHA	SGE	☐ Gr	oup		Training Institute		
FAX to: 603-645-0080 • Scan & email: oshaed@keene.edu Mail to: OSHA Training Institute Education Center	BIRTH D	PATE:	T	ODAY'S DATE:		Keene State College		
175 Ammon Drive, Manchester, NH 03103-3308	MO	DAY YR		MO DAY YR	Check Ap	propriate Boxes		
FORMAL NAME: LAST	FIRST	DAI		MI SUFFIX	GENDER: U.S. CITIZE	□ Male □ Female N: □ Yes □ No		
JOB TITLE:					ETHNICITY	rently a citizen of:		
BUSINESS ADDRESS:						racial background?		
STREET/RFD/BOX					□ Black	ican Indian/Alaskan Native , Non-Hispanic Origin /Pacific Island		
CITY/TOWN PERMANENT		STATE	ZIP		☐ Hispa ☐ White	☐ Hispanic☐ White, Non-Hispanic Origin☐ Other		
(HOME) ADDRESS: STREET/RFD/BOX						to the best of my knowledge the information I		
CITY/TOWN		STATE	ZIP		My signature	s correct and complete. e on this form confirms that, should my employer		
WORK PHONE CELL PHONE	FAX NUMBER		H	OME PHONE	charges inc	 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. 		
EMAIL ADDRESS		·						
Note to OTIEC Region 1 / Keene State College Safety Education Center course contacted for registration, attendance and transcript records use, and future communication for annual contacted for registration.	-	ites. Data collecte	d for registratio	n is confidential and is not publication	Y			
released, rented or sold.		I wish to fu	ther restrict ir	formation Initial here:	— Student's S	Signature		
COURSE NUMBER COURSE TITLE	s	START DATE	END DATE	LOCATION	TUITION	* LATE REGISTRATION		
SES					COURSE 1 TUITION COURSE 2 TUITION	FEE: A late fee of \$25 will be assessed to cover		
COURSES					LATE FEE* \$25.00	administrative expenses, if registration is within 5 business days of the		
				_	NET BALANCE DUE	course start date.		
☐ Terms and Conditions of registration can be found at OSHAedN	NE.com (located w	rith the Regist	ration Form	s).				
Payment Information: Once payment is received, a letter and re	egistration packet	t will be sent t	o your hom	e address or emailed upo	n request.			
Account # SPECIFY: UVISA MasterCard Discover CVV#	Expira	tion Date		ORDERS OR CHECKS:				
Charge \$	•	ıy credit card.		checks or purchase orders payab s my check or purchase order for		College.		
PRINT Cardholder Name				order number and/or check numb				
X Cardholder's Signature (I have authorized credit card payment.) Cardholder's Billin	ing Address if differen	t from abovo	Purchase ord	der MUST accompany registrat	on	Keene STATE COLLEGE		