

OTIEC/KSC REGISTRATION FORM

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

OSHA SGE Group _____



BIRTH DATE:

MO	DAY	YR

TODAY'S DATE:

MO	DAY	YR

FORMAL NAME: _____

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

