

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.

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

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

