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

OSHA® Training Institute Education Center
Keene State College

BIRTH DATE: MO DAY YR

TODAY'S DATE: 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

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).

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

Keene STATE COLLEGE

rev Feb 2018