

# 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 \_\_\_\_\_



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

COMPANY NAME: \_\_\_\_\_  
 LAST                      FIRST                      MI                      SUFFIX

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**

