

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

LEGAL NAME:

as it appears on

Valid Gov't ID

LAST

BIRTH DATE:

MO

DAY

YR

TODAY'S DATE:

MO

DAY

YR

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: _____

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



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

Keene
STATE COLLEGE