

# 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



BIRTH DATE:

MO	DAY	YR
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TODAY'S DATE:

MO	DAY	YR
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LEGAL NAME:  
 as it appears on  
 Valid Gov't ID

LAST	FIRST	MI	SUFFIX
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COMPANY NAME:

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JOB TITLE:

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BUSINESS ADDRESS:

STREET/RFD/BOX

CITY/TOWN	STATE	ZIP
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PERMANENT (HOME) ADDRESS:

STREET/RFD/BOX

CITY/TOWN	STATE	ZIP
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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 \(located with the Registration Forms\).](http://OSHAedNE.com)

## 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**

