FAX AND MAIL-IN REGISTRATION FORM ❑ OSHA ❑ SGE ❑ Association _____

FAX to: 603-645-0080 • Mail to: OSHA Training Institute Education Center 175 Ammon Drive, Manchester, NH 03103-3308 • 800-449-OSHA (6742) • email: oshaed@keene.edu

SOCIAL SECURITY NUMBER *(used as a unique identifier for academic records purposes):* ___ – ___ – ____

BIRTH DATE: ___ ___ ___ ___ ___ ___ (MO DAY YR)

TODAY'S DATE: ___ ___ ___ ___ ___ ___ (MO DAY YR)

NAME: LAST _____ FIRST _____ MI ___ SUFFIX ___

COMPANY NAME: _____

PERMANENT ADDRESS: _____
STREET / RFD / BOX

CITY / TOWN _____ STATE ___ ZIP _____ – ____

BUSINESS ADDRESS: _____
STREET / RFD / BOX

CITY / TOWN _____ STATE ___ ZIP _____ – ____

( ) _____ HOME PHONE

( ) _____ DAYTIME PHONE

( ) _____ CELL PHONE

( ) _____ FAX NUMBER

_____
EMAIL ADDRESS

❑ Check here if you are interested in joining the OSHA Training Institute Education Center Region 1 e-Newsletter

Check Appropriate Boxes

❑ Resident of N.H. ❑ Not a resident of N.H.

SEX: ❑ Male ❑ Female

U.S. CITIZEN: ❑ Yes ❑ No

ETHNICITY: Choose one

1. Are you Hispanic or Latino?
   ❑ Yes (go to Q#2) ❑ No (go to Q #3)
2. Which of these best describes your Hispanic origin?
   ❑ Mexican or Chicano
   ❑ Puerto Rican
   ❑ Cuban
   ❑ Other Hispanic - Specify _____
3. What is your racial background?
   ❑ Amer. Indian/Alaskan Native
   ❑ Black, Non-Hispanic Origin
   ❑ Asian/Pacific Island
   ❑ Hispanic
   ❑ White, Non-Hispanic Origin
   ❑ Other _____

SPECIAL NEEDS: If you have a disability that may require a specific academic accommodation, or special dietary needs, please contact the OSHA Education Center prior to the start of the course. 603-645-0050

PRIVACY ACT INFORMATION: All registration information from students enrolled in courses at the OSHA Training Institute Education Center is held private and not released for printed or electronic directories. If you wish to further restrict information about your participation in courses, please check the box below. This choice not only restricts your information from directories, but also ensures that your presence at the Education Center is not acknowledged in routine inquiries, including those by employers or prospective employers.

❑ **I wish to further restrict information** Initial here: _____

LATE REGISTRATION FEE: *A late fee of $20 will be assessed to cover administrative expenses, if registration is within 5 business days of the course start date.*

NON-CREDIT COURSES

COURSE NUMBER	COURSE TITLE	START DATE	END DATE	LOCATION	TUITION	
					COURSE 1 TUITION	
					COURSE 2 TUITION	
					LATE FEE* $20.00	
					NET BALANCE DUE	

* if registering within 5 business days of start date

revised 10/6/11

❑ Charge $_____ to my credit card.
(I have authorized credit card payment below.)

SPECIFY:
❑ VISA
❑ MasterCard

Account Number Exp. Date CVV#

Name as it appears on card (print please)

Cardholder's Signature

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

Student Signature Required

I understand my tuition charges are being deferred based on a statement from my employer agreeing to remit payment in full for my registration. 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. I understand that payment is due prior to the course start date. Payment of tuition does NOT ensure that the student will pass the hourly and course requirements.

X _____
Student Signature Date