



INDIVIDUAL REGISTRATION FORM

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*This document may contain privileged and/or confidential information.
It is intended solely for the use of CFTWS and will not be shared without written permission.*

WHAT IS YOUR E-MAIL ADDRESS?

By providing this information you are giving CFTWS permission to confirm your registration and send periodic curriculum updates.

First/Last Name (please print)

Organization Name

(____) _____ (____) _____
Home Phone OR Cell Phone

Organization Street Address (No P.O. Box please)

Professional Title (required)

City / State / Zip Code

Department Head's Name / Title

(____) _____
Business Phone (required)

Department Head's E-Mail Address

(____) _____
Business Fax No.

REGISTER 5 BUSINESS DAYS PRIOR TO CLASS START DATE TO RECEIVE THE "EARLY" TUITION RATE, UNLESS OTHERWISE NOTED IN THE COURSE DESCRIPTION.

Course #	Section #	Offering Title	Location	Start Date

I certify the accuracy of all information on this application and hereby grant permission to CFTWS to provide my course grade(s) to the personnel director of my organization, and/or colleges/universities/training organizations that co-sponsor a CFTWS program that I have registered for. I have read and agree to all of CFTWS' registration policies and procedures, including the withdrawal policy and the academic integrity statement as outlined in the catalog or other marketing pieces.

This signature authorizes CFTWS to invoice this institution for any balance due for tuition/fees/textbooks for this employee, including any withdrawal, transfer or late fees.

By providing the business fax number above, permission is given to CFTWS to confirm this registration and to send periodic curriculum updates to your financial institution. By providing the fax number above, you are representing and warranting that you are, or have been authorized, to provide the fax number to CFTWS.

Student's Signature (Required) Date

Authorized Signature for Billing/Marketing (Required) Date

Tuition is refundable, less a processing fee, for withdrawals received more than 5 business days prior to the start date of the offering (unless otherwise noted.)

CHOOSE ONE: Bill Organization Check Enclosed (payable to CFTWS) Visa MasterCard

This authorizes CFTWS to charge Credit Card # _____ Exp. Date _____

Cardholder's Name _____ Cardholder's Signature _____

This charge will cover the following: Tuition Textbook (if applicable)

REGISTRATION CONFIRMATION MADE VIA E-MAIL ONLY. IF NO E-MAIL IS PROVIDED, PLEASE CALL TO CONFIRM.