



SPRING 2008 COURSE REGISTRATION FORM

All information is required. You may also register online at www.ntcef.org

This form may be duplicated.

Name:	Company:
Social Security Number:	Company Address:
Date of Birth: Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Company City/State/Zip:
Home Address:	Work Phone: ()
Home City/State/Zip:	Work Fax: ()
Home Phone: ()	Cell Phone: ()
Email:	Date Today:

Ethnicity (check one): White, Non Hispanic Asian or Pacific Islander Black, Non Hispanic American Indian or Alaskan Native
 Hispanic or Mexican American Other (please specify) _____

Independent Students (If you're paying for the course(s) yourself): Please sign here: _____

How did you hear about CEF? Your Company Fax or Email Web Site Friend Other (specify) _____

Course ID	Course Title	Start Date	Course Tuition	Books & Materials (Add 8.25% tax)	Total Cost
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

Method of Payment:

- Company Credit Card** (MasterCard, Visa, American EXpress, Discover)
- Personal Credit Card** (MasterCard, Visa, American EXpress, Discover)
- Deduct from CEF Trust Fund Account**
- Check (or Money Order)** enclosed for \$ _____ Driver's License # _____ State _____
(required to be processed) **Please mail or deliver your check with the registration form rather than faxing it.**
- Invoice** Sponsoring Association Members Only **ABC ASA QUOIN**

By Signing this form, you acknowledge that you have read and understand the Important Information below:

Company Authorized Name (please print) _____ Title _____

Company Authorized Signature (Mandatory for invoicing & Trust deductions) _____ Date _____

Card Number _____ Expiration Date _____

Cardholder Address: Street Address City State Zip

Cardholder Name (please print) _____ Cardholder Signature _____

By signing this registration form, you agree to the registration, payment, book/materials returns, and course drop polices as they are stated in the CEF Catalog. If you have any questions please don't hesitate to contact our office, 972-574-5200 • Fax 972-574-3440

Send completed registration form along with payment to:
 Construction Education Foundation (CEF), Inc
 P O Box 612107 • DFW Airport TX 75261-2107
 Register online at www.ntcef.org or in person at the
 DFW Education Center, 1401-A Royal Lane, DFW Airport

For Office Use Only:

<input type="checkbox"/> CC Registration	<input type="checkbox"/> CC Rollover
<input type="checkbox"/> CC Co Rep	<input type="checkbox"/> CC Acting
<input type="checkbox"/> CC Scholarship	
<input type="checkbox"/> Entered _____	
<input type="checkbox"/> Pending _____	