Summer 2019 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: o Male o 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): o White, Non Hispanic o Asian or Pacific Islander o Black, Non Hispanic o American Indian or Alaskan Native o Hispanic or Mexican American o Other (please specify)_____

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

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

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

Method of Payment:

- o **Company Credit Card** (MasterCard, Visa, American Express, Discover)
- o **Personal Credit Card** (MasterCard, Visa, American Express, Discover)
- o Deduct from **CEF Trust Fund Account**
- o **Check (or Money Order)** enclosed for $_____Driver's License # _____State_____ (required to be processed) Please mail or deliver your check with the registration form and note a processing fee will be charged for all returned checks.
- o **Invoice** Sponsoring Association Members Only **ASA TEXO**

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 and additional fees as they are stated in the current CEF Catalog. If you have any questions please don't hesitate to contact our office, 972.574.5200

NOTE: See catalog for our Confidentiality Statement

Send completed registration form along with payment to:
Construction Education Foundation (CEF), Inc
PO Box 612107 • DFW Airport TX 75261-2107 • Fax 972.574.3440
Register online at www.ntcef.org or in person at the
DFW Education Center, 1401-A Royal Lane, DFW Airport TX 75261

For Office Use Only:
o CC Registration o CC Co Rep
o CC Accting
o CC Scholarship
o Entered_____
o Pending_____
o Un-pended_____