



# Fall 2020 Course Registration Form

All information is required. You may also register online at [www.ntcef.org](http://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 Title | Instructor | Day | Start Date | Course Tuition | Books & Materials<br>(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 and note a processing fee will be charged for all returned checks.
- 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 policies 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

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](http://www.ntcef.org) or in person at the  
 DFW Education Center, 1401-A Royal Lane, DFW Airport TX 75261

For Office Use Only:

|  |   |
|--|---|
| <input type="checkbox"/> CC Registration | <input type="checkbox"/> CC Rollover    |
| <input type="checkbox"/> CC Acting       | <input type="checkbox"/> CC Scholarship |
| <input type="checkbox"/> Entered _____   |   |
| <input type="checkbox"/> Pending _____   |   |
| <input type="checkbox"/> Un-pended _____ |   |