



# Fall 2021 Course Registration Form

All information is required. You may also register online at [www.ntcef.org](http://www.ntcef.org)

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 (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**
- Deduct from **DFW Airport Craft Training Fund Badge #** \_\_\_\_\_ **NOTE: Include a copy of the DFW 4 hour Safety Training or a copy of the OSHA 10-Hour certificate with this Registration Form.**

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:

CC Registration

CC Acting

CC Scholarship

Entered \_\_\_\_\_

Pending \_\_\_\_\_

Un-pended \_\_\_\_\_