



Fall 2024 Course Registration Form

All information is required. You may also register online at 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:
Cell Phone:	Date Today:
Email Address:	
Ethnicity (check one): <input type="checkbox"/> White, Non Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black, Non Hispanic <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Hispanic or Mexican American <input type="checkbox"/> Other (please specify) _____	
Independent Students (If you're paying for the course(s) yourself): Please sign here: _____	
How did you hear about CEF? <input type="checkbox"/> Your Company <input type="checkbox"/> Fax or Email <input type="checkbox"/> Web Site <input type="checkbox"/> Friend <input type="checkbox"/> 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 Hard Hat Sticker #** _____ **NOTE: If no Hard Hat Sticker include 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 polices 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
Register online at www.ntcef.org or in person at the
DFW Education Center, 101 S Royal Lane Bldg B, Coppell TX 75019

For Office Use Only:

- CC Registration
- CC Actcing
- CC Scholarship
- Entered _____
- Pending _____
- Un-pended _____