



Spring 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? 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 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 • Fax 972.574.3440
 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:

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