



# Summer 2022 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**; **Provide one of the following for the above named person DFW Badge # or, DFW Hard Hat Sticker # or, DFW Contract # \_\_\_\_\_ Or 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 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

Register online at [www.ntcef.org](http://www.ntcef.org) or send completed registration form along with payment to:

Construction Education Foundation (CEF), Inc  
PO Box 612107 • DFW Airport TX 75261-2107  
Dallas College Construction Sciences Building  
101 S Royal Ln, 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 _____