

COURSE



REGISTRATION

EMAIL to: info@cerinotraininggroup.com or Fax to: 330/336-9393
or MAIL to: CCTG 306 Hillsdale Cir. Wadsworth, OH 44281

STUDENT INFORMATION (please print clearly)

Name: _____
Last First MI

Department representing if LE _____

Gender: M F DOB: ____/____/____ Work Ph: (____) _____ - _____

Cell Ph: (____) _____ - _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Do you have any medical conditions or special needs which we should know about prior to your arrival at training? YES NO If YES please explain. _____

COURSE INFORMATION

Course Title: _____ Course Date(s): _____ Cost: _____

BILLING INFORMATION (Party responsible for payment if different from above.)

Name: _____
Last First Title

Billing Address: _____ Phone:(____) _____ - _____

City: _____ State: _____ Zip: _____

Email Address: _____

*****All classes are booked with full payment, 50% is a non-refundable deposit unless a prior arrangement is made.*****

Method of Payment: (Check) (Purchase Order)

PO Number:

Applicant's Signature:* _____ Date: _____

*Signatures indicate approval for attendance and billing