

NHTI – Concord’s Community College
Business Training Center

REGISTRATION FORM

Name:		ID: <small>(office use only)</small>	DOB:	Date:	
Mailing Address:			Employer:		
City:	State:	Zip:	Work Address:		
Home Phone:			City:	State:	Zip:
Email:			Work Phone:		Fax:
Please Circle Field of Interest: Dental Nursing Medical Imaging General Business Training					

Course Title	Date	Cost	Course # (office use only)

<p>FOUR WAYS TO REGISTER:</p> <p>By Mail: Business Training Center NHTI, Concord’s Community College 31 College Drive Concord, NH 03301</p> <p>By Fax: (603) 271-6667 By Phone: (603) 271-6663 In Person: At the address above. We are located in Farnum Hall.</p>	<p>“I understand by entering into this contract with CCSNH, I am financially obligated for ALL costs related to same. I further understand that if I do not make payment in full, my account may be turned over to an outside collection agency. I also understand that I will be responsible for the costs of the outside collection agency, any legal fees and any bounced check fees, which will add significant costs to my account balance.”</p> <p>Signature:</p>	<p>Refund Policy: In order to receive a full refund, you must contact us a minimum of:</p> <ul style="list-style-type: none"> • (3) business days for BTC courses • (3) business days for Nursing courses • (5) business days for Dental courses <p>before the training start date. Cancellations made after these deadlines will result in a letter of credit being issued for use through the Business Training Center.</p>	<p>How did you hear about us?</p> <p><input type="radio"/> Flyer mailed to home <input type="radio"/> Newspaper <input type="radio"/> Website <input type="radio"/> Workplace <input type="radio"/> Other: _____</p> <p>Cancellation Policy: The Business Training Center reserves the right to cancel or reschedule any training that does not meet the minimum enrollment numbers.</p>
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Make check payable to: NHTI, Concord’s Community College
Or if paying with a credit card, please fill out the appropriate credit card form below.

PERSONAL Credit Card Information: VISA MasterCard Discover (circle)			BUSINESS Credit Card Information: VISA MasterCard Discover (circle)		
Billing Address (if different from above)			Billing Address (if different from above)		
Name:			Name:		
Billing Address:			Billing Address:		
City:	State:	Zip:	City:	State:	Zip:
Card #:	Exp:		Card #:	Exp:	