

Allied Dental Health Continuing Education

NHTI - Concord, NH

REGISTRATION FORM – Fall 2009

Name: _____ **DOB:** _____ **Date:** _____

Home Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home Phone: () **Cell #** () **E-mail Address:** _____

Work Name/Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Work Phone: () **Ext.** _____ **Fax:** _____

Course Title:	Date:	Cost:	Course # <small>(office use only)</small>

<p>FOUR WAYS TO REGISTER:</p> <p>By Mail: The Business Training Center Farnum Hall NHTI 31 College Drive Concord, NH 03301</p> <p>By Fax: (603) 271-6667</p> <p>By Phone: (603) 271-6663</p> <p>In Person: at the address above</p>	<p><input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit card (VISA, MC, Discover)</p> <p>Card #</p> <p>Exp. date: / /</p> <p>V-code / /</p> <p>Cancellation Policy: The Business Training Center serves the right to cancel or reschedule any training that does not meet the minimum enrollment numbers.</p>	<p>“I understand by entering into this contract with NHCTC, 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 under RSA-6:11, which will add significant costs to any unpaid balance.”</p> <p>Signature:</p> <hr/> <p>Refund Policy: If you need to cancel your registration, please do so at least three business days prior to the course start date in order to be eligible for a refund.</p>
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Inclement weather policy: visit our website at www.nhti.edu