NHTI - Concord's Community College

Business Training Center

REGISTRATION FORM: NH State Agencies, NH Municipalities, & NH School Districts

please fill out the

appropriate credit card information

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Name on Business card:

Billing Address:

Credit Card#

City:

Supervisor's Signature:

Name:	ID: (Off	: ffice use)	Last 4 digits of SS#:	DOB:	Date:
Mailing Address:			Billing contact:		
City: State:		Zip:	illing Address:		
Cell/ Home Phone: Work Phone:			City:	State:	Zip:
Email:			Billing Phone:	Billing Email:	
Course Title			Date(s)	Cost	Course # (office use only)
FOUR WAYS TO REGISTER: By Mail: Business Training Center NHTI, Concord's Community College 31 College Drive Concord, NH 03301 By Fax: (603) 230-9304 By Phone: (603) 230-4022 In Person: At the address above. The BTC located in Farnum Hall.	Accep - - -	included as well as the Su	i rd) te billing information must be	Refund Policy: Full refunds, will be granted for cancellation notification received a minimum of five (5) business days before the training start date. *Liability Insurance purchased through NHTI is nonrefundable. Cancellation Policy: The Business Training Center reserves the right to cancel or reschedule any training that does not meet the minimum enrollment numbers or inclement weather conditions.	
Or if paying with an BUSINESS Credit Card Info	ormation: V	VISA MasterCard Disco	ver (Please circle)		

State:

CVV Code:

Zip:

Exp: