

# Registration Form

Website



NORTH CENTRAL STATES

**1** COMPLETE FORM WITH APPROPRIATE SIGNATURES FOR BILLING

**2** FAX TO: 414-332-6478 OR MAIL TO: 177 E. SILVER SPRING DR. WHITEFISH BAY, WI 53217

**3** REGISTER ONLINE [www.cftncs.org](http://www.cftncs.org)

Student Name		Student Email (required for confirmations, online courses, webinars)	
Organization Name		Supervisor's Name	Supervisor's Title
Organization Address		City	State      Zip
Business Phone	Business Fax		Home Phone (for emergency only)

Course Format I Am Registering For:

In-Person Seminar  
 In-Person Course

Independent Study  
 Online Course

Computer Course  
 Webinar

COURSE #	COURSE TITLE	LOCATION/FORMAT	DAY /DATES	COURSE FEE
<b>Processing Fee</b> <i>For Online and Independent Study only and is non refundable</i>				\$15.00
<b>TOTAL</b>				

*Cancellation Policy: Cancellations must be received in writing up to five (5) business days prior to seminar/webinar date to receive a full refund. Cancellations received less than five (5) business days before seminar/webinar and no-shows will be charged in full. Substitutions may attend if prior notice is received.*  
*Withdrawal Policy: **Students must notify CFT in writing with their intent to withdraw from a course.** Forms can be found on the CFT website – [www.cftncs.org](http://www.cftncs.org). Withdrawals from In-Person courses must be received before first class for courses less than eight (8) weeks long and before the third class for courses longer than eight (8) weeks to receive a full refund minus the withdrawal fee (\$50). Withdrawals from Online courses must be received ten (10) days prior to the start date to receive a full refund, minus the withdrawal fee (\$50). No refunds will be issued after the start date. Withdrawals from Independent Study courses must be received within five (5) business days of receipt of materials to receive a full refund minus a withdrawal fee (\$100).*

PAYMENT / Choose One:

Please Bill Bank  
 Visa

Check Is Enclosed  
 MasterCard

Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

*By submitting this registration, I acknowledge that I have read and understand the withdrawal policies and hereby grant permission to provide information on my course to the CFT representative of my organization.*

\_\_\_\_\_  
Student Signature      Date

\_\_\_\_\_  
Supervisor/ CFT Representative Signature      Date

\_\_\_\_\_  
Manager/Supervisor Signature      Date

\*Required for processing

*CFT-NCS reaffirms its standing policy of non-discrimination in employment and in all programs and activities with respect to race, creed, disability, color, sex, age, religion, or national origin*