Small Business Training Participant
Registration Form

Last Name, First Name:__________________________Middle Initial:__________________________

Email:________________________________________Phone:______________________________

BUSINESS INFORMATION

Business Name:__________________________________Tax ID #:__________________________

Business Address:__________________________________________________________Is this business registered with the Ohio Secretary of State as a Non-Profit: YES or NO

COURSES

Course Title(s) Date/Time of Course(s) Cost (if applicable)


CLASSES ARE FILLED ON A FIRST COME, FIRST SERVED BASIS. REGISTRATION IS NOT COMPLETE UNTIL YOU RECEIVE A CONFIRMATION EMAIL WITH A PARKING PASS. FAX YOUR COMPLETED REGISTRATION FORM TO 614-645-0466 or email to: CTD@columbus.gov Attention: Registrations

Learning Participant Signature:__________________________________________Date:____________

Supervisor Name (if needed for approval to attend):________________________Email:________________________

How did you hear about us?________________________Supervisor Phone (if applicable):________________________

Please indicate if any special accommodations are needed:

Please provide CTD with at least 48 hours cancellation notice so that wait listed individuals may enroll in a class.

A signature indicates knowledge that this registration form will be submitted to CTD for processing and certify/acknowledge that all information is true to the best of your knowledge.

Now accepting Visa, Mastercard, Discover, checks and/or money orders as forms of payment.