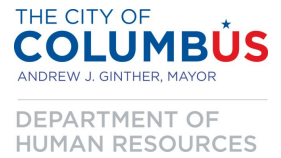




**Citywide Training & Development**  
 1111 E. Broad St., Suite LL01, Columbus, Ohio 43205  
 Phone: 614-645-8294  
[CTD@Columbus.gov](mailto:CTD@Columbus.gov) [Columbus.gov/CitywideTraining](http://Columbus.gov/CitywideTraining)  
 Enterprise T&D Coordinator



**ENTERPRISE TRAINING PARTICIPANT INFORMATION (Required) Please print.**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ M.I. \_\_\_\_\_  
 AGENCY/ORGANIZATION NAME: \_\_\_\_\_  
 MAILING ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE: \_\_\_\_\_ Billing Attn to: \_\_\_\_\_  
 WORK FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**CLASSES ARE FILLED ON A FIRST COME, FIRST SERVED BASIS. REGISTRATION IS NOT COMPLETE UNTIL YOU RECEIVE A CONFIRMATION EMAIL WITH PARKING INSTRUCTIONS. EMAIL COMPLETED REGISTRATION FORM TO: CTD@Columbus.gov**

COURSE DATE	COURSE TITLE	PRIMARY REASON FOR REQUESTING COURSE	COURSE TIME	Cost
			<b>TOTAL</b>	

**Enterprise Customer**

Public       COC employee family  
 Small Business

COC Employee Name: \_\_\_\_\_

**AUTHORIZATION INFORMATION: (if applicable)**  
 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.

\_\_\_\_\_  
 Participant or Authorized Approver Signature (Required)

**Small Business Grant Eligibility**

✓ My small business has less than 50 employees  
 ✓ My small business is located in Central Ohio  
 ✓ My small business is for-profit  
 Please contact US if you have any questions regarding eligibility.

**Small Business Tax ID#**

\_\_\_\_\_

**Payment Information: All forms of payment must be submitted with the registration form. We accept Visa, Mastercard, Discover, Checks and Money Orders made payable to the Columbus City Treasurer. Memo – Citywide Training. Once class registration is confirmed, payment is not refundable. Please (✓) the appropriate box for your form(s) of payment:**

Credit Card       Money Order       Check

**Please indicate if any special needs are needed:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How did you hear about us?

Website       Facebook       LinkedIn  
 Other \_\_\_\_\_

**Please provide CTD with at least a 48 hour cancellation notice.**