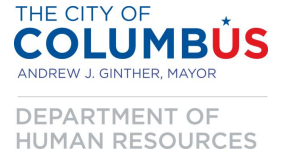




Citywide Training & Development
 1111 E. Broad St., Suite LL01, Columbus, Ohio 43205
 Phone: 614-645-8294
CTD@Columbus.gov Columbus.gov/CitywideTraining
 Enterprise T&D Coordinator



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
			TOTAL	

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:

Check Money Order Voucher Credit Card

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.

IT'S TIME TO LEARN~GROW~THRIVE WITH US!