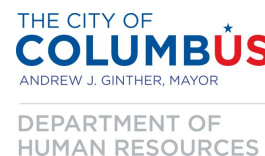




Citywide Training & Development
1111 E. Broad St., Suite LL01, Columbus, Ohio 43205
Phone: 614-645-8294
CTD@Columbus.gov Columbus.gov/CitywideTraining
Enterprise T&D Coordinator



COMMUNITY PARTNER 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	

Community Partner 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)

Ask about discounts and loyalty programs

- ✓ Repeat customers
- ✓ Not-for-profit partners
- ✓ Veterans and first responders
- ✓ Don't see your category? Reach out and ask:
ctd@columbus.gov or jrmorrison@columbus.gov

Category

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

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!