

# Citywide Training & Development



Chester C. Christie Training Center  
 1111 E. Broad St., Suite LL01, Columbus, Ohio 43205  
 Phone: 614-645-2851 Fax: 614-645-0466  
[CTD@Columbus.gov](mailto:CTD@Columbus.gov) [Columbus.gov/CitywideTraining](http://Columbus.gov/CitywideTraining)

THE CITY OF  
**COLUMBUS**  
ANDREW J. GINTHER, MAYOR  
 DEPARTMENT OF  
 HUMAN RESOURCES

**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 LETTER VIA EMAIL WITH A PARKING PASS. FAX YOUR COMPLETED REGISTRATION FORM TO 614-645-0466 (FAX) or email it to: CTD@columbus.gov.**

**COURSE SELECTION**

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

**Learning Participant's Signature (Required)**

**Enterprise customer type:**  
*Please complete this section.*

Public     COC employee family

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

How did you hear about us?

**AUTHORIZATION INFORMATION: (if applicable)**  
 Supervisor's 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.

\_\_\_\_\_  
**PRINT SUPERVISOR NAME**

\_\_\_\_\_  
**SUPERVISOR SIGNATURE (if applicable)**

\_\_\_\_\_  
**SUPERVISOR WORK EMAIL ADDRESS**

\_\_\_\_\_  
**SUPERVISOR WORK PHONE & FAX NUMBER**

**Payment Information:** All forms of payment must be submitted with the registration form. Now accepting Visa, Mastercard, Discover, Checks and Money Orders, which must be 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:**