

## 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

EMAIL: [CTD@COLUMBUS.GOV](mailto:CTD@COLUMBUS.GOV) WEBSITE: [COLUMBUS.GOV/SMALLBUSINESSES](http://COLUMBUS.GOV/SMALLBUSINESSES)

# Small Business Training Participant Registration Form

**Last Name, First** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

BUSINESS INFORMATION			
<i>Business Name</i>		<b>Active Contract Compliance #:</b>	
<i>Business Address:</i>		Is this business registered with the Ohio Secretary of State as a Non-Profit:	<b>YES or NO</b>
COURSES			
Session Number	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](mailto:CTD@columbus.gov) Attention: Registrations**

Learning Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Name (if needed for approval to attend) \_\_\_\_\_ Email: \_\_\_\_\_

Supervisor Phone (if applicable): \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Please indicate if any special accommodations are needed:

Please provide CTD with at least 48hours 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.